

HOUSELESS VERSUS HOMELESS: AN EXPLORATORY STUDY OF NATIVE
HAWAIIAN BEACH DWELLERS ON OAHU'S WEST COAST

by

Martin McDonell

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The University of Utah Graduate School

STATEMENT OF DISSERTATION APPROVAL

The dissertation of **Martin McDonell**
has been approved by the following supervisory committee members:

| | | |
|--------------------------------|---------|---|
| <u>Caren Jean Frost</u> | , Chair | <u>04/25/2014</u> Date Approved |
|--------------------------------|---------|---|

| | | |
|------------------------------------|----------|---|
| <u>Lawrence Henry Liese</u> | , Member | <u>04/25/2014</u> Date Approved |
|------------------------------------|----------|---|

| | | |
|-----------------------------|----------|---|
| <u>Ronald Miller</u> | , Member | <u>04/25/2014</u> Date Approved |
|-----------------------------|----------|---|

| | | |
|--------------------------------|----------|---|
| <u>Rosemarie Hunter</u> | , Member | <u>04/25/2014</u> Date Approved |
|--------------------------------|----------|---|

| | | |
|------------------------------------|----------|---|
| <u>Patrick Thomas Panos</u> | , Member | <u>04/24/2014</u> Date Approved |
|------------------------------------|----------|---|

and by **Jannah H. Mather**, Chair/Dean of
the Department/College/School of **Social Work**

and by David B. Kieda, Dean of The Graduate School.

ABSTRACT

This research focuses on the self-perceptions of Hawaii's homeless population, specifically, the homeless beach dwellers on Oahu's west coast, as well as the perceptions of the homeless service providers whose job it is to meet their needs. A review of the literature indicates that homelessness in the United States continues to increase, with the largest group within this population being single parents with children. The current research elaborates on the numerous social policies that have been enacted including judicial policies outlawing such behavior. The literature further clarifies the noted stereotypes associated with the homeless population. What is missing in the research is the perspective or voice of a subgroup of the homeless population on Oahu's west coast. Here, numerous individuals including intact families live in makeshift shelters on the beach that they call home.

Part one of this study examined the homelessness epidemic in the United States and reviewed the theories associated with these marginalized populations. Part two of this study explored the experiences and perceptions of this indigenous group of Native Hawaiian homeless living on Oahu to determine who composes this unique subgroup of the larger homeless population. The selected participants participated in in-depth interviews and were asked to share their experiences. Their stories and, more importantly to this study, their voices were heard. Their lives living as houseless families were explored and explained. Their needs were expressed by them and seen through their

lenses. Finally, part three of this study explored the perceptions and experiences of the service providers who work with the Native Hawaiian beach dwellers. An in-depth look at the services provided was also conducted. The findings and implications from these various voices are discussed and a direction for future research and social policy creation are presented.

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CHAPTER 1

INTRODUCTION

Background on the Homeless Problem

Homeless families are now considered the fastest growing segment of the homeless population in the United States (U.S. Conference of Mayors, 2008). There are numerous studies on homelessness; however, the research is somewhat complex due to the wide variety of definitions and causes regarding the homeless, and the difficulty in counting the individuals and families who are homeless. Estimates show that up to 1.35 million children are likely to experience homelessness over the course of a year (National Coalition for Homeless, 2009). Further estimates show approximately 40% of the homeless are homeless families with children (National Alliance to End Homelessness, 2011). It is estimated that between 800,000 to 1.2 million people in the United States are homeless. The U.S. Conference of Mayors (2007) report that 34% of all homeless people are members of families with children (2007). With the rise in homeless families, research has been conducted on the effects on the family dynamics, and on the individual family members including children. The National Coalition for the Homeless (2009) reported that homelessness is a devastating experience for any family. Homelessness damages the physical and emotional health of family members, interferes with children's education and their development including social development, and can result in the separation of family members.

Oftentimes families will be separated due to the regulations at shelter homes. These regulations do not allow older boys or men (even husbands or fathers) to reside with women and younger children as an intact family, this resulting in emotional hardships for all involved. Likewise, separations may occur between parents and the children should the children be removed from their parents and placed in foster care as a result of their parents' homeless situation. This separation also has potentially long-lasting effects on the parent/child relationship as any lengthy separation between a parent and a child has the potential to disrupt the bonding process (NCH, 2009).

Literature Review

Early research in the area of homelessness consisted of ethnographic research done by researchers riding the rails and living amongst the homeless in urban settings (Harper, 1982). Of the urban setting researchers, Wallace (1963) worked with the homeless on Skid Row. Other researchers conducted in-depth research on "street people" and street culture. They found that the homeless experience was "highly related to local context and history" (Miles, 2008). Earlier researchers concluded their studies by identifying that the needs of the homeless get overshadowed by the realities of street life and poverty. Most of the research on homelessness tends to look at the scope and descriptions of the homeless (Miles, 2008).

In 1995, Williams studied the homeless in two different cities. Her study compared and contrasted the differences between the "beggar" and the "panhandler." She attempted to distinguish the differences in emotional costs wrought on the two styles of begging (Williams, 1995). Other researchers have examined the life "work" activity of panhandlers. In *Homeless: Squeegee Kids: Food Insecurity and Daily Survival*, Dachner

and Tarasuk (2002) studied the kids who squeegee windows in hopes of obtaining food despite laws that outlaw such behavior. They found that the homeless children were willing to break the law and risk police involvement for the sake of obtaining money through their work.

One of the major areas of homelessness research, especially qualitative research, is that of homeless females as individuals or as head of families. The National Law Center on Homelessness and Poverty (NLCHP) published findings on the feminization of poverty and homelessness. This research examined the lived experiences of women who were homeless and presented their perceptions about being homeless (NLCHP, 2004). In another area of qualitative research on homelessness, researchers focused on service delivery. Miles (2008) describes the lack of services for those homeless families seeking to remain in their community. He describes their experiences and perceptions dealing with shelters and their desires to remain as intact families. He found that oftentimes the family would not take advantage of the services available, thus choosing to stay together as an intact family. The current study explored the perceptions of both services providers and Native Hawaiian beach dwellers to see if the services offered in a traditional model of service delivery to homeless individuals was adequate to meet the needs of the beach dwellers.

Homeless Identity

There is a tremendous amount of social science literature on homelessness in the United States, most of which focuses on the distinctive nature of the homeless (chronically mentally ill and substance abusers) within major populated areas and urban centers. Scholars, researchers, and policy makers have examined aspects of

homelessness, lifestyles, behaviors, experiences, and root causes that describe life on city streets (Miles, 2008). This research explored the lived experiences of individuals, who by definition would be considered homeless; however, their perceptions of homelessness and self-identification say otherwise.

A newer area of study within qualitative research on homelessness, and one on which this dissertation builds, is that of the identity of the homeless persons themselves. Rosenthal (2000) studied the images of the homeless people and compared their images to the images that the policy makers had of the homeless. He found that the images held by those creating the strategies to end homelessness were different than the images the homeless held. Policy makers actually shaped the strategies and the policies using their own images of the homeless despite being different from the people's view. Furthermore, those creating strategies for program development also had different images and created unique strategies depending on the population (2000). Rosenthal proposed that the individual homeless person was responsible for his/her own perception of the image he/she portrayed.

The Hawaiian Homeless

In Hawaii, on the island of Oahu, there are an estimated 14,200 homeless individuals who were served statewide during the 2011 fiscal year (Yuan & Stern, 2011). A recent, 2010 "point in time" count of the homeless on a particular night produced 4,171 homeless individuals living on the beaches in the Waianae community on the leeward (west) side of the island. Of those surveyed, 70% identified themselves as Native Hawaiian, and 700 were children under the age of 18 years (Yamane, Oeser, & Omori, 2010). Each of the homeless whether a man, woman, or child has learned to adapt to his

or her living situation. Some of the living situations/arrangements include making homes out of tarps, pallets, plywood boards, and abandoned vehicles. These are families who due to a wide variety of circumstances cannot afford conventional housing. Instead, they turn to the beaches and makeshift shelters that they call home. By federal and state definitions, these individuals are homeless. The question is, however, are they homeless or are they just houseless? This unique subgroup of homeless families, as well as the service providers who work with them, are the focus of this dissertation.

Relevance and Contributions to Social Work

The main impetus for focusing this research on the homeless beach dwellers living on the island of Oahu stems from the definition of homelessness and the associated causal factors regarding homeless people. Memmott (2003) states that one of the problems of categorization is that when applying certain definitions or constructs of “homelessness,” the diversity of indigenous groups may be oversimplified, and that at best their needs may be misunderstood and minimally served or at worst overlooked and underserved. Once society defines a group within the population such as the homeless, that definition may limit the individual’s growth potential and ability to be self-reliant. This acceptance of the marginalized group is based on society’s acceptance of this group as well as the social policies that are created regarding them. The label of “homeless” may also limit the very resources that have been designed to aid those in need due to potentially co-occurring issues.

As the homeless population increases, so do the numbers of families who are homeless. One of the key concepts in social work is to view an individual within his or her context within his/her environment. Therefore, to fully understand the needs of each

family member who may be without a conventional house, one needs to consider the contextual factors regarding homelessness. This research is relevant to direct social service providers and those who are responsible for program development and evaluation within the homelessness arena in general and specifically for the homeless beach dwellers on Oahu. In addition, social welfare policy makers and the judicial system will benefit from this research as they frequently work within the social welfare system as well as with the homeless population. Given the lack of studies focusing on this indigenous group of Native Hawaiians, the current research can guide community social workers and grant writers who work with this unique group of homeless people. Possibly the largest contribution of this study is to add the voice and perspective of this indigenous group to the body of knowledge regarding Native Hawaiian homeless families.

Theoretical Perspectives

The theoretical models used to guide this research included Ecological Theory, Phenomenological Theory, and Resiliency Theory. These theories allow for examining the relationship between the homeless individual, those with whom they interact, and the larger community. Further, the theories provide a framework to analyze the interactions and perceptions of the study participants, who could explain their situation rather than having policy or outside experts define it for them.

Ecological Theory

Ecological Theory states that development is influenced by several environmental systems. Bronfenbrenner (1979) proposed that human development consists of dealing with one's environment. Swick and Williams (2006) explain that Bronfenbrenner's

ecological theory is helpful in understanding families because it reflects the dynamic nature of actual family relations (2006). In his work, *Ecology of Human Development*, Bronfenbrenner (1979) identified five environmental systems that influence one's development. These five interacting systems consist of the following: (a) microsystem, (b) mesosystem, (c) exosystem, (d) macrosystem, and (e) chronosystem. The microsystem refers to the most immediate surroundings or environmental influences of an individual. It is within the microsystem that an individual interacts with peers, family, school, and the neighborhood. It is within the microsystem that individuals live their daily lives and where they develop their sense of identity (Leonard, 2011). The individual is not merely a passive recipient of experiences in these settings, but someone who actually helps to construct the social setting (Bronfenbrenner, 1979).

Within the mesosystem, relationships occur between the different microsystems, for example, the relationship between the family and the community or the caring parent and the child. According to Bronfenbrenner (1979), the exosystem seeks to explain the connection between a social setting in which the individual does not have a close, intimate active role and the immediate context of the individual. For example, a child's experiences at home may have an influence on his/her behavior at school. The macrosystem describes in detail the cultural beliefs, values, and political trends as well as the very context where the individual exists. The macrosystem also includes all demographic information, e.g., socioeconomic status, poverty, ethnicity, and religion. Finally, Bronfenbrenner (1979) described the chronosystem as a pattern of environmental events as well as socio-historical circumstances that transition over the life of an individual. It is a combination of all other systems within this theory (Bronfenbrenner,

1979). This theory perceives the interactions of each system as dynamic in shaping the individual's perception as he/she experiences society.

Ecological Theory describes human development within the context of social influences. Bronfenbrenner's theory supports this study on homeless families on Oahu because it focuses on the individual as well as the development that takes place as the individual interacts with his or her environments: the family, the neighborhood, the community, local government, and society at large.

Phenomenological Theory

Phenomenological Theory is concerned with the study of one's experience from the individual's perspective. Lester (1999) suggests phenomenological approaches are based in a paradigm of personal knowledge and subjectivity. The theory further emphasizes the importance of personal perspective and interpretation (Lester, 1999). Phenomenological Theory seeks to describe one's lived experiences. This theory will be particularly powerful in the homeless study as individuals will be able to explain their lived experiences and perceptions of their environment, avoiding any preconceived or normative assumptions. To explain this further, Phenomenological Theory is the interpretive study of human experience (Seamon, 1999). The goal is to examine, study, and clarify situations, events, meaning, and experiences as they occur in daily life.

As I explored the phenomena of homelessness, I focused on the human experience of the homeless, such as what they see, hear, touch, smell, experience, understand, and/or live through to gain an insight into their daily lives and to see through their lenses how they interpret life. From this description, commonalities were noted and analyzed. For this research to be considered reliable, in-depth interviews with Oahu's

homeless beach dwellers were crucial. The in-depth interviews helped to avoid any perceived ideas or thoughts about homeless, thus avoiding any marginalization of this subset group of society. Within the homeless research, there is a weakness or void concerning the homeless individual's perception of actually being homeless. Therefore, this research contributes to the knowledge base and understanding of homeless people.

Resiliency Theory

Resilience is “a process, capacity or outcome of successful adaptation despite challenges of threatening circumstances” (Masten, Best, & Garmezy, 1990, p. 426).

Resiliency Theory research in the social work literature is relatively recent. Fraser, Richmond, and Galinsky (1999) stated:

The term resiliency is reserved for unpredictable or markedly successful adaptations to negative life events, trauma, stress, and other forms of risk. If, we can understand what helps some people to function well in the context of high adversity, we may be able to incorporate this knowledge into new practice strategies. (pp. 131-143)

Resiliency Theory highlights resources that allow individuals and/or families to succeed despite their perceived or real risks. In their Transactional Framework of Resilience, Kumpfer and Bluth (1999) proposed that the transactional process between parents and children is very important in promoting resilience. They identified six predictors of resilience: (a) the stressors or challenges that cause disequilibrium; (b) the environmental context such as family, school, and community; (c) the interactional process between person and the environment; (d) internal self-characteristics; (e) coping process; and (f) positive outcomes or successful life adaptations (Kumpfer & Bluth, 1999). Analyzing the interviews using the Transactional Framework of Resiliency helped identify risk factors and the predictors of resilience for these families in Hawaii.

The research literature on homelessness is thorough in delineating the risks involved with being homeless. However, there is little or no research on the resiliency of families and individuals who are homeless beach dwellers in Hawaii. Utilizing the Transactional Framework of Resiliency allowed this research to examine the lives of the participants and to specifically explore their life successes as they described their daily experiences.

Methodology

For this study, qualitative research methods were utilized to gain an understanding of the experiences and perceptions of the Native Hawaiian beach dwellers. Qualitative research explores philosophical assumptions, strategies of inquiry, and methods of data collection, analysis, and interpretation (Creswell, 2009). According to Denzin and Lincoln (2011), “the research questions often stress how social experience is created and given meaning. The value-laden nature of such an inquiry stresses the relationship between the researcher and subject(s), as well as the situational constraints that shape the inquiry” (p.17). There has been little research investigating the experiences of the homeless and the meanings they assign to their experiences. This dissertation will allow for an understanding of the experiences of the Native Hawaiian beach dwellers and those service providers who work with them.

Articles Description

Utilizing the Multiple Article Path (MAP), developed by the University of Utah’s College of Social Work, the following section describes the individual articles that are

included in this study. Each of the three articles within this research consists of distinct research questions and design.

Article #1. The State of Homelessness in the United States

The first article is a thorough review of the literature regarding the research done on homelessness in the United States. Homeless policies, definitions, and causal factors were examined. Also, the interventions that are available to the homeless population were explored.

Research Question

What is the current state of homelessness in the United States?

Methods

A thorough review was conducted in the literature databases to locate published articles regarding homelessness and intervention strategies. The following databases were used:

- CINAHL is the authoritative resource for nursing and allied health professionals, students, educators, and researchers. This database provides indexing for more than 3,000 journals from the fields of nursing and allied health. The database contains more than 2.3 million records dating back to 1981.
- ERIC (The Education Resources Information Center) focuses on education literature and resources. ERIC lists citations and abstracts for over 1,000 comprehensively indexed educational and education-related journals, as well as annotated bibliographic records, including journal articles, books, research

syntheses, conference papers, technical reports, policy papers, and other education-related materials.

- PsycARTICLES: A definitive source of full-text, peer-reviewed scholarly and scientific articles in psychology, the database contains more than 45,000 articles from 57 journals - 46 published by the American Psychological Association (APA) and 11 from allied organizations. It includes all journal articles, letters to the editor, and errata from each journal.
- The *PsycINFO*®, database, American Psychological Association's (APA) renowned resource for abstracts of scholarly journal articles, book chapters, books, and dissertations, is the largest resource devoted to peer-reviewed literature in behavioral science and mental health. It contains over 3 million records and summaries dating as far back as the 1600s with one of the highest DOI matching rates in the publishing industry. Journal coverage, which spans from the 1800s to the present, includes international material selected from approximately 2,500 periodicals in dozens of languages.
- Social Services Abstracts allows access to the world's leading scholarly literature in the social sciences, including journals, conferences, symposia, seminars, colloquia, workshops, and conventions. Citation searching enables following the past and future research of a published article.

The following terms were utilized in the advanced search feature of each database: family, homelessness, homeless policy, homelessness Hawaii, and homeless children. The following criteria were examined to determine whether the article would be included or not in this research.

- Content regarding homeless stereotypes
- Demographics of homeless populations in the United States
- Social policies regarding homeless and homelessness
- Programs established to address homelessness
- Homelessness and family dynamics

Journal

The proposed article will be submitted to *Advances in Social Work*, a journal committed to enhancing the linkage among social work practice, research, and education. Accordingly, the journal addresses current issues, challenges, and responses facing social work practice and education. The journal invites discussion and development of innovations in social work practice and their implications for social work research and education. *Advances in Social Work* seeks to publish empirical, conceptual, and theoretical articles that make substantial contributions to the field in all areas of social work, including clinical practice, community organization, social administration, social policy, planning, and program evaluation. The journal provides a forum for scholarly exchange of research findings and ideas that advance knowledge and inform social work practice. All relevant methods of inquiry are welcome.

Advances in Social Work is a peer-reviewed journal that publishes original work.

Articles are accepted on the basis of appropriateness, clarity, sound methodology, and utility for social work practice, research, and education. Articles are indexed or abstracted in Social Work Abstracts and Social Service Abstracts. Editor: William H. Barton, Ph.D. (journals.iupui.edu/index.php/advancesinsocialwork).

Article # 2 Voices from the Boat Harbor: A Phenomenological

Examination of the Native Hawaiian Homeless Population

The second article focuses on a subgroup of homeless, specifically the Native Hawaiian beach dwellers on the island of Oahu and their unique lifestyle. This article consists of a qualitative examination of the individual lived experiences of the beach dwellers. It explored their needs and perceptions of available resources. Further, it looked at their lives as they describe homelessness.

Research Question

Overall Question: Are Native Hawaiian homeless beach dwellers a unique group within the homeless population as they are currently defined in the research?

RQ1: What is the perception of “being homeless” as seen through the lenses of Native Hawaiian homeless beach dwellers?

RQ2: What are the needs of Native Hawaiian homeless beach dwellers and are there adequate resources to meet their needs?

RQ3: Does culture have any impact on Native Hawaiian homeless beach dwellers response to being homeless.

RQ 4: Do Native Hawaiian homeless beach dwellers share the same causal factors that have been identified in this research as causal factors consistent across homeless populations, or do Native Hawaiian homeless beach dwellers present a unique sub-group of the homeless?

RQ 5: Do the intervention strategies that are implemented to assist the general homeless population sufficient to meet the needs of Native Hawaiian homeless beach dwellers?

RQ 6: Are there unique cultural practices that the Native Hawaiian homeless beach dwellers subscribe to that set them apart from the rest of the homeless population in the country?

Methods

Participants were selected using purposive sampling techniques. In-depth personal interviews were conducted using semistructured questions. The interviews were recorded and transcribed line by line. IRB approval was obtained from the University of Utah. A review was conducted in the same literature databases as in Article #1 above to locate published articles regarding homelessness and Native Hawaiians.

- Questions were written out and asked to every participant.
- All interviews were audiotaped and transcribed.
- A journal was kept by the researcher to record observations and impressions.

Following the in-depth interviews, all of the interviews were transcribed. The transcriptions were analyzed to identify common and or recurring themes. The themes were then be coded using NVivo software. IRB approval was obtained prior to any interviews that were conducted.

Journal

The proposed article was prepared for submission to *Families in Society: The Journal of Contemporary Social Services*. *Families in Society: The Journal of Contemporary Social Services* is a core publication in social work scholarship and is a trusted forum for social service professionals to explore and share ideas and concepts in the fields of social work and human services. Published by the Alliance for Children and

Families, the articles in the journal represent the art and science of social work, and are at the forefront of emerging issues and trends in the field. Those that can benefit from *Families in Society* are practitioners, clinicians, administrators, researchers, policy analysts, health professionals, educators, and students (www.familiesinsociety.org/currentissue.asp). This journal is relevant to this study as this study explores the lives of Native Hawaiian beach dwellers and their unique life style living in a modern society.

Article #3. The Experiences of a Service Provider: A Phenomenological Study on the Experiences of Service Providers Serving the Homeless Community

The third article consisted of a qualitative examination of the service providers in Hawaii providing the intervention services to the homeless population. It explored their knowledge regarding the available resources and examined their perceptions regarding the success of their interventions with the homeless families. The research examined the question, are the interventions that are created and implemented for the traditional homeless population adequate to meet the needs of the Native Hawaiian beach dwellers physically as well as culturally?

Research Questions

RQ 1: What are the perceptions of service providers regarding the homeless Native Hawaiian beach dwellers?

RQ 2: What are the perceptions of service providers regarding the success of the intervention programs to reduce or eradicate homelessness?

RQ 3: Can homeless Native Hawaiian beach dwellers benefit from the traditional homeless intervention strategies employed on Oahu, Hawaii?

Methods

This study focuses on the perceptions of homeless service providers and their experiences and knowledge regarding the success of the programs where they work. Interviews were conducted with the service providers using semistructured interviews. IRB approval was obtained through the University of Utah, and providers were recruited through specific homeless service centers on Oahu. All participants were asked to participate in an in-depth interview. Qualitative interviews were conducted until saturation was reached. Standardized open-ended interviews were utilized in order to minimize researcher bias (Rubin & Babbie, 2005).

- Questions were written out and asked to every participant.
- All interviews were audiotaped and transcribed.
- A journal was kept by the researcher to record observations and impressions.

Following the in-depth interviews, all of the interviews were transcribed. The transcriptions were analyzed to identify common and or recurring themes. The themes were then be coded using NVivo software. IRB approval was obtained prior to any interviews that were conducted.

Journal

The proposed article will be submitted to *The Journal of Sociology & Social Welfare*. *The Journal of Sociology & Social Welfare* promotes the understanding of social welfare by applying social science knowledge, methodology, and technology to problems

of social policy, politics, the social ecology, and social services. The journal provides an outstanding book review section as a regular feature of each issue. Since its first printing in 1974, *JSSW* has published articles on such topics as social change, gender, race, homelessness, social welfare history, cultural diversity, international social welfare, and the social dimensions of health and mental health

(http://www.wmich.edu/hhs/newsletters_journals/jssw/index.htm). This journal is especially relevant to this study as the in-depth interviews with the service providers can have a direct impact on future service delivery and policy creation and analysis.

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CHAPTER 2

THE EMERGING NEEDS OF HOMELESS POPULATIONS IN THE UNITED STATES: A REVIEW OF THE PROBLEM, PROGRAMS, AND INTERVENTION STRATEGIES ESTABLISHED TO HELP

Introduction

Homelessness is a longstanding social problem in the United States. The emergence of homelessness as a “social problem” dates back to the 1980s. Despite the resources and numerous programs that have been created across the United States, the issue of homelessness continues to grow. Homelessness is no longer isolated to Skid Row, inner city streets, and rail riders (Polakow, 2001). This research explored the current state of homelessness in the United States by identifying the causal factors that contributed to homelessness. The research will seek to find what the current service strategies are and whether these strategies are effective in reducing and ending homelessness. There are numerous studies on homelessness; however, the research is somewhat complex due to the wide variety of definitions, causes regarding the homeless, and the difficulty in counting the individuals and families who are homeless. Estimates show that up to 1.35 million children are likely to experience homelessness over the course of a year (National Coalition for Homeless, 2009). Further estimates show approximately 40% of the homeless are homeless families with children (National

Alliance to End Homelessness, 2011). When counting the homeless, there are several categories that are considered (see Figure 2.1). The three main categories are unsheltered, sheltered, and doubled up. People who are unsheltered are people who live on the streets, camp outdoors in parks or open areas, or live in cars or abandoned buildings. Homeless individuals who stay in emergency shelters or transitional housing are referred to as sheltered. Lastly, the third group who typically spends time living temporarily with family or friends are referred to as doubled up (U.S. Interagency Council on the Homeless, 2012).

In 1987, the United States Congress passed the McKinney-Vento Homeless Assistance Act. This Act included new language to the definition of homelessness. The new language included “children and youth who are sharing housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks or campgrounds due to a lack of alternative housing accommodations (U.S. Housing and Urban Development, 2008). Still others define homelessness in simple terms such as “men and women with children, who are permanently, temporarily, or periodically without homes; without financial resources; and limited access to health care, housing, or other social services” (Affordable Housing and Homeless Alliance, 2006). In addition, some local agencies define homeless by the national standard, but add criteria of their own when working with specific populations.

According to the U.S. Department of Housing and Urban Development (HUD, 2008), a person is homeless whom:

lacks a fixed, regular, and adequate night time residence; and has a primary night time residence that is supervised publically or a privately operated shelter designed to provide temporary living accommodations, an institution that provides temporary residence for individuals intended to be institutionalized, or

public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings. (p. 1)

Although there is difficulty in establishing a consistent definition across all disciplines and agencies, the United States federal government, state, and local agencies have defined homelessness and established programs to fight homelessness.

For the purpose of this study, the complete definition listed in the McKinney-Vento Homeless Assistance Act as amended by The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009. It states:

- (1) an individual or family who lacks a fixed, regular, and adequate nighttime residence;
- (2) an individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
- (3) an individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements including hotels and motels paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing;
- (4) an individual who resided in a shelter or place not meant for human habitation and who is exiting an institution where he or she temporarily resided;
- (5) an individual or family who—
 - (A) will imminently lose their housing, including housing they own, rent, or live in without paying rent, are sharing with others, and rooms in hotels or motels not paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, as evidenced by—
 - (i) a court order resulting from an eviction action that notifies the individual or family that they must leave within 14 days;
 - (ii) the individual or family having a primary nighttime residence that is a room in a hotel or motel and where they lack the resources necessary to reside there for more than 14 days; or
 - (iii) credible evidence indicating that the owner or renter of the housing will not allow the individual or family to stay for more than 14 days, and any oral statement from an individual or family seeking homeless assistance that is found to be credible shall be considered credible evidence for purposes of this clause;
 - (B) has no subsequent residence identified; and
 - (C) lacks the resources or support networks needed to obtain other permanent housing. (HUD, 2013)

The federal government takes a different view toward homelessness. The HEARTH Act of 2009 focuses on the sleeping arrangements of a person as the key factor in determining homelessness. Under this Act, individuals are considered homeless if they are sleeping in a shelter, or are part of a program that provides services for homeless individuals, or in a place not meant for human beings (National Coalition for the Homeless, 2003). Some policy analysts claim this definition is too narrow and not a description of the homeless condition. They assert that some people might be able to pay for a room in a hotel for 1 or 2 weeks, but when their money runs out, they are forced to sleep in a park, on the streets, or doubled up with friends and relatives. Therefore, according to the government's definition, individuals living under those circumstances might not be considered homeless despite the fact they lack a permanent residence.

Homeless Families Defined

One of the fastest growing groups within the homeless population is families with children. It is estimated that between 800,000 and 1.2 million people in the United States are homeless. According to the National Alliance to End Homelessness (NAEH), 40% of all homeless people are members of families with children (2011). With the rise in the numbers of homeless families, research has been conducted on the effects of homelessness on the family dynamics and on the individual family members including children. The NAEH (2011) further reported that homelessness is a devastating experience for any family because it impacts every aspect of the family. There are numerous problems associated with the children of homeless families. These problems include but are not limited to increased mental health issues such as anxiety and depression. They suffer physical ailments as well as stomach problems, poor physical

health in general, asthma, ear infections, and speech problems. According to the National Coalition for the Homelessness (NCH) (2009), children are two times more likely to experience hunger and four times more likely to have developmental delays (2009). Further, the NCH (2009) reported that “deep poverty and housing instability are especially harmful during the earliest years of childhood” (2009). Thus, homelessness is a very complex phenomenon that greatly impacts the family.

As stated in Al-Haqq (2008), “of the many problems associated with family homelessness, its effects on the family tends to magnify over a short period of time” (2008). He claims that “by the time families request emergency housing they have experienced the loss of their home; separation from extended family members and friends; and changes in their neighborhood environments” (2008). Some of the consequences children in homeless families face are loss of valuable connections with their friends and belongings, and the familiarity of their neighborhood and community (Friedman, 2000).

Another consequence for the children as well as the parents is that families will be separated due to the regulations at shelter homes. These regulations often do not allow older boys or men to reside as an intact family, thus resulting in emotional hardships for all involved. Likewise, separations may occur between parents and the children if the children are removed from their parents and placed in foster care as a result of their parents’ homeless situation. This separation also has potentially long-lasting effects on the parent/child relationship as any lengthy separation between a parent and a child has the potential to disrupt the bonding process (National Coalition for the Homeless, 2009). Research suggests that family homelessness increased during the recent economic

recession in part due to the hardship placed on other family members and friends on whom the homeless families in crisis relied upon. In 2010, 43% of families in shelter became homeless after wearing out their welcome with friends and family. Many of these families were already living at or below the poverty line (U.S. Department of Health and Human Services, 2011).

Demographics

The U.S. Census Bureau started counting homeless persons in 1990 and continues to include homeless populations in its census counts. Each year, the federal government releases two estimates of family homelessness in the United States: Point-in-Time (PIT) counts and 1-year estimates. The PIT count estimates the number of homeless families both sheltered and unsheltered on a single night in the month of January in a given year. The 1-year estimate describes homeless families in shelters that included both emergency shelters and transitional housing programs during a 12- month period from October 1st through September 30th of the following year. According to the 1-year estimate “the estimated number of people who used an emergency shelter or transitional housing program at any time from October 1, 2010 through September 30, 2011 was 1,502,196 people” (Annual Homeless Assessment Report, 2012, p. 17) (see Figure 2.2). The ratio of homeless individuals from 2010-2011 estimates that 1 in 201 people in the United States were in homeless shelters during that year (Annual Homeless Assessment, 2012). HUD used the PIT counts in its 2012 Annual Homeless Assessment Report (Annual Homeless Assessment) and reported that (a) “633,782 people were homeless in the United States” and (b) “homelessness declined by less than 1 percent” over the past year, and (c) “homelessness has remained stable since January 2011” (p. 3) (Figure 2.3). In

addition, the report indicated that in 2012 “homelessness among individuals has declined by 1.4 percent in the past year,” but “homelessness among person in families has increased by 1.4 percent” (p. 3). The findings also suggested that “five states account for nearly half of the nation’s total homeless population in 2012” and chronically homeless people represent less than 16% of all homeless people (Annual Homeless Assessment, 2012, p. 12). According to the U.S. Conference of Mayors, Annual Hunger and Homelessness Survey:

The survey of cities reported that, over the past year, the number of homeless families increased in 60 percent (15) of the cities, decreased in 24 percent (six) of the cities, and stayed the same in 16 percent (four) of the cities (Asheville, Boston, Phoenix, and Saint Paul). Across the cities, there was an overall increase of 16 percent in the total number of families experiencing homelessness (2011).

This annual collection of data indicated that homeless shelter use was unchanged while the number of homeless families increased.

Literature Review

Some early research on homelessness consisted of ethnographic research being done by researchers riding the rails and living amongst the homeless in urban settings (Harper, 1982). Of the urban setting researchers, Wallace (1963) conducted research amongst the homeless on Skid Row. Wallace (1963) like other early researchers conducted in-depth research on “street people” and street culture. As Miles noted, earlier researchers found that the homeless experience was “highly related to local context and history” (2008). The early researchers concluded their studies by noting that the needs of the homeless get overshadowed by the realities of street life and poverty. More recent studies on homelessness tend to look at the scope and descriptions of homeless, including their experience with services.

Another researcher, Williams (1995) studied the homeless in two different cities. Her study compared and contrasted the differences between the “beggar” and the “panhandler.” The author attempted to distinguish the differences in emotional costs wrought on the two styles of begging (Williams, 1995). Other researchers like Drachner and Tarasuk (2002) examined the life “work” activity of panhandlers. In *Homeless: Squeegee Kids: Food Insecurity and Daily Survival*, the researchers looked at the kids who squeegee windows in hopes of obtaining food despite laws that outlaw such behavior. They found that the homeless children were willing to break the law and risk police involvement for the sake of obtaining money through their work.

One of the major areas of homelessness research especially qualitative research is that of homeless females as individuals or as head of families. The National Law Center on Homelessness and Poverty (NLCHP) published research on the feminization of poverty and homelessness. This research examined the lived experiences of women who were homeless and presented their perceptions of being homeless (National Law Center on Homelessness and Poverty, 2004). In another area of qualitative research on homelessness, researchers focused on delivery of services. Miles (2008) described the lack of services for those homeless families seeking to remain in their community. He explained their experiences and perceptions dealing with shelters and their desires to remain as intact families. He found that oftentimes a family would not take advantage of the services available, thus choosing to stay together. Shelters often require breaking up the family unit for the nighttime, since men and women may not stay in the same facility (2008).

Structural verses Individual Factors Linked to Homelessness

Researchers have examined two categorical explanations of the contributing factors of becoming homeless structural and individual factors (Table 2.1). Structural factors are associate with socioeconomic conditions that affect personal income and the availability of affordable housing, as well as the amount of social welfare benefits a person can access (Lee, 2007). The other category is about individual factors that emphasizes personal attributes to becoming homeless (Lee, 2007). Individual factors or personal factors contributing to homelessness include mental illness, substance abuse, family discord, and domestic violence (Fitzpatrick, 2005). Research on homelessness explains the possible links between socioeconomic factors or structural factors and individuals becoming homeless or being at risk of being homeless.

The NCH (2009) reported there “are two socioeconomic factors that are largely responsible for the rise in homelessness over the past 20 to 25 years, a growing shortage of affordable rental housing and a simultaneous increase in poverty” (p. 1). According to Lee (2009), the reduction of social welfare benefits was considered a main contributing factor for many people living in poverty who became homeless. In addition, he states that homelessness is the most devastating consequence of poverty and at the national level, poverty is absolutely responsible for increasing the homeless population. It is important to note that not all people who live at or below the poverty line become homeless. Lee goes on the say that without affordable housing, many people may not be able to find a home that is reasonable for their income. They may share a home with their relatives or friends. Affordable housing shortage is clearly one of the obvious structural conditions that can directly affect low-income people and make homelessness a reality for them

(Lee, 2009). Lee also identifies individual factors such as laziness, propensity to wander, and lack of willingness to work as categories as well. Additional characteristics such as mental illness, drug and alcohol abuse, the lack of work ethic, and disease among the homeless population are considered characteristics of the homeless as well as causes of becoming homeless. Having an understanding of the numerous contributing factors of homelessness is necessary in order to develop appropriate and adequate social services and policies to meet the needs of the homeless population (Lee, 2009).

A thorough understanding of the potential causes of homelessness will help in the creation of policies and programs. Five of the most significant contributing factors have been identified in the research. They are lack of affordable housing, poverty, mental illness, substance abuse, and domestic violence.

Affordable Housing

Due to the most recent economic crisis and pared with the federal changes in welfare time limits, more families have found themselves unable to afford suitable housing. These financial strains place families and especially children at risk of inability to cope or function adequately (Levin, McKean, & Raphael, 2004). The US Conference of Mayors (2012), cites the most frequent causal condition related to family homelessness is the demand for affordable housing. As an example in 2011, Amato and MacDonald surveyed 189 homeless men residing in the Pine Street Inn emergency shelter located in New England. The results of their survey showed that lack of affordable housing was one of the biggest factors attribute to homelessness. They claim that “changes in public policy have not solved the problem either as housing prices remain out of reach for a great deal of homeless people” (p. 229).

Tent cities have reemerged throughout the United States again in response to the issue of affordable housing and the most recent economic and housing crisis. Loftus-Farren has investigated government and policy responses to the “large gap between the number of homeless individuals and the availability and desirability of homeless shelters in San Francisco California.” Loftus-Farren makes the point that housing options have to fit the needs of the population and he argues that tent cities are a viable option even with the concerns of safety and sanitation (2011, p. 1045). He goes on to state that homeless encampments offer only an interim solution as they work on more permanent solution; however, the encampment shows an effort on the part of homeless individual to at least provide a temporary housing solution (Loftus-Farren, 2011).

Poverty

Changes in the federal welfare assistance programs have contributed to the increases in poverty, thus resulting in rising numbers of homeless families. Welfare caseloads have declined since the passing of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 due to the eligibility time limits of 2 years consecutively and 5-year lifetime limits (Roschelle, 2008). According to Roschelle, the underlying assumption was that the majority of welfare recipients were long-term, but research shows that it is more cyclical as family and jobs necessitate. This data do not mean the economy is doing better; it means that those receiving financial assistance have been reduced and the potential for inability to afford housing has actually increased.

According to the National Alliance to End Homelessness (2011), poverty is one of the key structural factors resulting in homelessness. Poorer people struggle with the demands of sustaining their livelihoods because housing requires a large portion of their

income. Individuals are faced with the difficult decisions to pay for food, utilities, clothing, transportation, and many other necessities, and/or housing (National Alliance to End Homelessness, 2011). Amato and McDonald (2011), explain “there are numerous reason for an individual or family to become homeless, poverty is seen by many to be a primary cause” (p. 228). According to Amato and McDonald, in 2008, 13.2% of the United States population or 39.8 million people lived in poverty. The United States Census Bureau reported in the 2010 American Community Survey (ACS) briefs, 46.2 million people or about 15% of the United States population had incomes below their respective poverty thresholds during the year (United States Census Bureau, 2011). From 2009 to 2010, those living below the poverty threshold increased by an estimated 4 million people in just that year alone (United States Census Bureau, 2011). According to the U.S. Department of Housing and Urban Development (HUD), the lack of affordable housing has contributed to the current housing crisis for poor families (National Alliance to End Homeless, 2011).

Mental Illness

Mental illness is one of the leading individual factors of homeless research. According to the National Coalition for the Homeless (2009), 26% of the homeless population in the United States suffers from a form of mental illness. Society often attributes the high numbers of mentally ill homeless individuals to the release of the mentally ill clients due to de-institutionalization. However, de-institutionalization took place in the 1950-1960s and the large increase in the homeless population who suffer mental illness took place 20 years later in the 1980s. The rise in the homeless population in the 1980s was due to personal economics, low incomes, and increased housing prices

(National Coalition for the Homeless, 2009). As reported by the US Department of Health and Human Services, most homeless individuals with mental illness do not need institutionalization and can live in the community with appropriate supportive housing options (National Coalition for the Homeless, 2009). Their research shows that mentally ill individuals are becoming homeless due to their inability to carry out the activities of daily living, like self-care and independent living. Oftentimes the individual with mental illness may have difficulty (a) forming and maintaining relationships, (b) being structured enough for job security, (c) having the inability to care for themselves and/or (d) obtaining adequate shelter. As a result, people with a mental illness are more likely to become homeless than the general population. Homeless individuals with a mental illness are less likely to achieve housing stability without access to treatment and services. The research shows that supportive housing, housing that provides assistance with daily living as well as mental health support, greatly reduces the risk factors involved in the lives of the mentally ill (National Coalition for the Homeless, 2009).

According to Balon (2012) in his book review of *Homelessness Housing and Mental Illness*, Goldfinger, one of the authors and a psychiatrist, is one of the nation's foremost experts on homelessness and mental illness. The book summarized the results of a project that moved 118 homeless people out of shelters in Massachusetts into permanent housing funded by HUD. HUD paid for the first year and half of housing and the Massachusetts Department of Mental Health paid for everything after that. Goldfinger stated that "homelessness and its relationship to mental illness is certainly not just a psychiatric issue; it is also societal, sociological, economical, psychological, and others" (p. 365). The study found that building social ties, not being socially isolated, and

identifying needs for sustained living are keys to successful community living and avoiding homelessness.

Substance Abuse

Another common individual factor associated with homelessness is substance abuse. The literature shows that a large portion of the homeless population is in fact substance abusers. Statistics from the Substance Abuse and Mental Health Services Administration (SAMHSA, 2008) estimate that approximately 52% of the admissions to treatment programs were homeless individuals. SAMHSA suggests that overall 38% of the homeless population were dependent on alcohol and 26% abused other drugs (SAMHSA, 2008).

Substance abuse is a factor in both the causes and effects of homelessness. Like mental illness, substance abuse disrupts individual relationships with others, impairs their daily living, and interferes with their employment, all of which can result in being homeless. A 2008 survey conducted by the U.S. Conference of Mayors reported that substance abuse is among the top three causes of homelessness (National Coalition for Homeless, 2009). It should be mentioned that homeless individuals may turn to substance use/abuse as a result of their homeless situation. Further, there are many homeless individuals for whom substance abuse and mental illness co-occur. This co-occurrence presents a unique challenge to the homeless person as many substance abuse treatment facilities will not take a chronically mentally ill client. Likewise, many mental health facilities will not treat a client who suffers from substance abuse. Therefore, treatment options become very limited. According to the National Mental Health Association (2006), “substance abuse treatment on its own is inadequate and needs to be combined

with supportive housing opportunities. Supportive housing programs offer services such as mental health treatment, physical health care, education, employment opportunities, peer support, and daily living and money management skills training.” There are program options available for homeless individuals with substance abuse issues; however, they may be limited by the very policies established to help the homeless individual overcome their difficulties because many of the policies do not accommodate those who suffer from the co-occurring issues such as mental health and substance abuse.

Rhoades, Wenzel, Golinelli, Tucker, Kennedy, Green, and Zhou (2011) conducted a study investigating the risk factors associated with substance use in homeless men in Los Angeles, California. Three hundred homeless men were interviewed about their individual and personal networks, and substance use characteristics. The results showed that the most prevalent substances used were marijuana, crack, and alcohol. The findings indicated that the use of crack was used by those experiencing mental health issues and those with Post Traumatic Stress Disorder (PTSD). Association with family, employment, and school or work showed decreased likelihood to use crack. Rhoades et al. (2008) concluded that homeless men’s substance use was associated with riskier personal networks and mental health problems. They emphasized the importance of interventions that focus on improving mental health, mitigating person networks, and maintaining contact with low-risk networks. According to Rhoades et al. (2008) Mental health care and network intervention needs to be a priority to help the homeless.

Domestic Violence

As the number of homeless families rise, there is an increasing rate of homeless families headed by single mothers. One of the leading causal factors related to homeless families headed by single mothers is domestic violence. The U.S. Interagency Council on Homeless stated “domestic violence creates vulnerability to homelessness for women and children with limited economic resources. Among mothers with children experiencing homelessness, more than 80 percent had previously experienced domestic violence” (2011). Domestic violence often includes financial control, leaving victims with few remaining resources. For women trying to get out of abusive relationships, finding safe, affordable housing is one of the greatest obstacles that they face. Many victims must leave their homes to escape violence but may not have the money to support themselves and their children. Emergency shelters provide a safe, secure, and place to stay. Generally, emergency shelters have a fixed number of days that women can stay, thus leaving the women with two options: return to the abusive situation or become homeless. Many victims end up in precarious and often unsafe housing situations, including living in uninhabitable conditions and/or with friends or families where their abuser might be able to locate them. According to Domestic Violence Counts:

On a single day, 67,399 adults and children nationwide sought services after leaving life-threatening abuse. On this same day, domestic violence programs provided emergency shelter and transitional housing to 36,332 adults and children (National Network to End Domestic Violence, 2011).

Domestic violence and sexual assault programs are vital to prevent and help end homelessness among families with children, especially in female-headed families.

Pavao, Alvarez, Baumrind, Induni, and Kimerling (2007) discussed the findings from the 2003 California Women’s Health Survey. The data in the survey were compiled

from 3,619 women who suffered from domestic violence. The results indicate that women who suffered from domestic violence were four times more likely to be homeless than those who did not experience abuse. The study also found that domestic violence was associated with housing instability. Fifty percent of participants had at least one housing problem associated with homelessness such as difficulty paying rent, being denied housing, or threatened eviction. Pavao et al. proposed that more research is needed about the possible association with negative health consequences (2007).

Roschelle conducted research using data from a 4-year ethnographic study of how the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 impacted women in San Francisco who were homeless and victims of domestic violence.

According to Roschelle, “homeless women who are also victims of domestic violence these barriers can become insurmountable” (2000, p. 194). She goes on to state that with the rising rate of family homelessness coupled with the rising rate of domestic violence that welfare reform has been a disaster for “economically disenfranchised women” (2000 p. 194). In addition, women often have barriers to employment and were looked at as being lazy. The barriers include having young children, little to no work experience, physical or mental health problems, children with chronic illness, and less than a high school diploma (Roschelle, 2008).

Regarding the individual factors associated with the causes of homelessness, the National Coalition for the Homeless conducted a survey in 2003 of 100 homeless mothers and found that 25% of the women in the study had been physically abused in the past 12 months (National Coalition for the Homeless, 2009). Further, the U.S. Conference of Mayors reported that 50% of 24 cities surveyed identified domestic

violence as a primary cause of homelessness (US Conference of Mayors, 2005). The statistics regarding domestic violence and homelessness are alarming. The National Coalition Against Domestic Violence (2001) reported that nationally 50% of all women and children who are experiencing homelessness are homeless due to being victims of domestic violence (2001). Homelessness is extremely hard on individual lives but more so on families. Potentially, it can disrupt the lives of all family members and complicate their daily functioning.

Intervention Strategies

Across the United States, there are intervention strategies that are utilized to combat and end homelessness. These intervention strategies can be divided into four main categories: emergency shelter, transitional shelter, housing first, and outreach services (see Table 2.2). The literature on intervention strategies combines two specific types of residential shelter care programs, namely, emergency shelter care with transitional shelter together, and refers to this category as the Treatment First Model. Homelessness is a very complex phenomenon, and programs designed to assist individuals experiencing homelessness and reduce homelessness face a number of challenges. One of the more difficult challenges involves engaging and retaining clients who are experiencing homelessness and encouraging them to participate in the supportive services offered (Padgett et al., 2008). The 2009 Annual Homeless Assessment Report (AHAR) documents that on a single night, 643,067 people were homeless. Of those, 63% were sheltered, 37% were unsheltered. Individuals made up 63% and people who presented within family groups were 37%. Over the course of the year, the AHAR reports 1,558,917 people used emergency shelters or transitional housing programs. Most had

relatively short lengths of stay in emergency shelters. A small number of people (about one percent) were served in shelters for both families and individuals during the same year (U. S. Interagency Council on Homelessness, 2012). On a single night in 2009, 238,110 people in families were counted as homeless. Most, 79 % were sheltered in emergency shelters or transitional housing. Over the course of 2009, as many as 535,447 people in families were sheltered, an increase of 4 % from the previous year and 13 % since 2007. Only a small group of families used shelters repeatedly (U. S. Interagency Council on Homelessness, 2012). The most common intervention strategies Treatment First Model, Housing First Model, emergency shelter and transitional shelters will be discussed.

Emergency Shelter

Homeless individuals live in temporary shelters, abandoned buildings, parks, tents, cars, or doubled up with others in unfit apartments. According to the U.S. Conference of Mayors (2012), the total number of emergency beds being used in the 25 participating cities has increased to from 38,499. The report stated that:

Twenty-three of the survey cities reported on adjustments which shelters have made to accommodate an increase in demand over the past year. Among these, shelters in 74 percent (17) of the cities consistently have clients sleep on overflow cots, in chairs, in hallways, or in other subpar sleeping arrangements. In 48 percent (11) of the cities, shelters increase the number of persons or families that can sleep in a single room. In 43 percent (10) of the cities, shelters distribute vouchers for hotel or motel stays because shelter beds are not available. Also in 43 percent of the cities, buildings have been converted to temporary shelters. (Conference of Mayor, 2012, p. 27)

In addition to the overcrowding, many families and individuals are turned away.

According to the report, 60% of individuals and 64% of families with children

experiencing homelessness were turned away because no beds were available for them (U.S. Conference of Mayors, 2011).

One of the major drawbacks for emergency shelter homes in dealing with homeless families is the separation of sleeping quarters and some shelters exclude men and older boys (Rossi, 1994). However, emergency shelters also provide many services for individuals and families that help to alleviate homelessness or current issues that are being dealt with. Goldstein (2007) reported that many shelters provide access to medical and mental health services, as well as offer opportunities for job training. Some emergency shelters provide temporary housing for female-headed families with the goal of assisting them to find permanent housing in the community in an efficient manner, after having attained stability and the skills necessary to become self-sufficient (Goldstein, 2007).

NAEH (2013) reported the average length of stay of individuals accessing shelter care varied by household type and type of shelter program. As NAEH stated, “Single individuals who accessed emergency shelter services alone stayed an average of 120 days” (2013). For families accessing emergency shelter services, the average length of stay was 96 days. The average length of stay is calculated based on unduplicated clients served (National Alliance to End Homelessness, 2013). Within the literature, there is little written on family homelessness and their experiences in the emergency shelter system (Goldstein, 2007).

Transitional Shelter

The purpose of transitional housing is to provide individuals and families with living conditions that are stable; in addition, a whole family can experience stability

while the parents seek permanent housing. Women typically stay longer in transitional shelters than in emergency shelters. To stay in a transitional shelter, women must be motivated to become stably housed, and are expected to participate in programs designed to prepare them for independent living (Goldstein, 2007). One of the biggest issues with families in transitional housing is a loss of privacy: “shelter life means rules, curfews, and exposure to a large number of people. In most shelters, families must sign in and out when entering and leaving” (p. 12). Some shelters require families to attend classes and 12 step meetings. Most shelters have curfews, and regulate visitation hours (Goldstein, 2007). Ryan and Thompson (2012) also conducted research on transitional housing with 29 homeless adults, recruited from two homeless service agencies. The study explored perceptions concerning the issues of using transitional housing programs. Results of qualitative interviews found a variety of issues about why available housing services are not utilized. The issues include distrust of providers, restrictive rules and regulations, unrealistic expectations, excessive requirements for admission, and unsafe living conditions (Ryan & Thompson, 2012). According to Henwood (2011):

The most compelling therapeutic justification for the use of transitional housing is that individuals are ill-equipped to live on their own and require a transitional space between homelessness and permanent living in order to (a) achieve an adequate level of stability in terms of mental illness and addiction and (b) learn life-skills such as cooking budgeting, and normative social interactions. (p. 12)

The National Alliance to End Homelessness (2013) stated that transitional housing is a housing program for formerly homeless men or women and/or families who have had a successful stay in a homeless shelter or other institutional program prior to application to transitional housing. Residents agree to participate in supportive services to address their individual needs. If substance abuse has been an issue, the transitional

housing candidate must be clean and sober for at least 6 months before gaining residence. Residents can stay up to 5 years in transitional housing. Average stay is 18 months (National Alliance to End Homelessness, 2013).

Policy analysts argue that transitional housing is an unnecessary step, because they believe that permanent housing should be provided in regular housing that is integrated into all communities, with supportive services available in those neighborhoods. There is very little empirical support regarding the efficacy of transitional housing compared to permanent housing placements directly from shelter (Goldstein, 2007). The National Alliance to End Homelessness (2013) noted concerns about the effectiveness of transitional housing programs. They stated that:

Transitional housing is not always used strategically in a community's response to homelessness. Instead, it is a 'waiting area' for individuals and families who primarily require only housing they can afford to end their homelessness and prevent a reoccurrence. Transitional housing providers, responding to this need, are unable to target their services to individuals and families for whom a residential setting with supports can be most beneficial. (National Alliance to End Homelessness, 2013, p. 1)

Although the goal of transitional housing is to provide housing stability while a homeless individual changes his or her behavior related to the risk factors that precipitated his or her trajectory into homelessness, housing is not perceived to provide the total solution to break the cycle of homelessness (United State Interagency Council on Homelessness, 2011).

Treatment First

Within the homeless services arena there are two distinct service delivery models for adults who are homeless: the Treat First Model and the Housing First Model. The predominant approach that characterizes the majority of homeless services is the

Treatment First Model (Henwood, 2011), which positions permanent housing at the end of treatment. Thus, it is only available for those who are successful in transitional shelters. Success in the Treatment First model is defined by treatment compliance, and abstinence from substance abuse. In comparison, the Housing First Model clients start with permanent, independent apartments and providers work with the clients regardless of their symptoms, substance abuse, or whether they participate in formal treatment (Henwood, 2011).

Treatment First Model looks at the causal factors and positions treatment as the primary intervention that can lead to stable, permanent housing whereas the Housing First Model, as the name implies, suggests access to permanent housing is the primary intervention to end homelessness (Goldstein, 2007). Within the homeless research, there is overwhelming evidence that supports Housing First as an effective intervention strategy for achieving residential stability and permanency for people who have remained homeless for years. Early evaluations of the Housing First Model in urban areas with primarily chronic homeless individuals have yielded convincing results. Goldstein examined the archival data over a 5-year period and reported 88% of Housing First consumers remained housed as compared to 47% of consumers in traditional residential treatment (2007). Tsemberis et al. conducted randomized clinical trials of housing alternatives and found “individuals assigned to Housing First spent approximately 80% of their time stably housed compared with only 30% for participants assigned to traditional services after two years” (2004).

In 2004, under the supervision of the U.S. Interagency Council on the Homeless (USICH) the National Initiative to Help End Chronic Homelessness was funded by

national agencies namely, the Department of Housing and Urban Development (HUD), Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), and the Veterans Administration (VA). Results from this initiative by the communities involved reported they achieved 85% housing retention rates after 12 months (Mares, Greenberg, & Rosenheck, 2007). The initiative was created by a collaborative effort with a goal of illuminating chronic homelessness. Twenty-four months following the initial implementation of this model, HUD published the outcomes of their 12-month study of the Housing First programs and reported an 84% housing retention rate for the 12-month period (Goldstein, 2007).

As stated by Henwood (2011), “although consumers in traditional programs report higher rates of substance use treatment, Housing First consumers who have lower rates of treatment utilization yielded no greater rates of alcohol or substance use in a randomized controlled trial” (p. 5). Treatment First providers typically use an individual case management model working within a residential setting in which the client is expected to uphold program rules in order to transition to the next level of housing (Stanhope, Henwood, & Padgett, 2009). Stanhope et al. go on to state that the Treatment First Model utilizes permanent housing as an outcome and consumers must progress through a series of placements typically starting with drop-in centers or emergency shelters, through transitional housing, and finally into permanent housing (2009). They also explain that should a client relapse, become unstable, or choose not to follow rules necessary for congregate living within the shelter, he or she must leave the program which delays the goal of obtaining permanent housing. In addition, within the Treatment First Model, stability is supported by on-site staff and treatment requirements, along with

a therapeutic community environment defined by congregate living with others sharing similar struggles, a model widely used within addiction treatment. Supporters of the Treatment First Model explain that life skills are also learned through social interactions within the shelter home setting as well as through rehabilitation services intended to promote an individual's recovery and daily living skills (U.S. Department of Housing and Urban Development, 2009).

The underlying philosophy of the Treatment First approach is that change must occur at the individual level before one can transition into permanent housing. In addition to intense treatment to recover from mental illness and addiction through residential placement, the main motivating factor for an individual to change within "Treatment First" is the promise of permanent housing. This treatment incentive has in its philosophy that an end to homelessness depends on an individual's ability to first learn to manage the conditions or causal factors which led to their current crisis. According to HUD, the Treatment First approach has had limited success at addressing chronic homelessness (U.S. Department of Housing and Urban Development, 2007). This belief that public benefits should in some way be earned by those deemed worthy is deeply embedded within United States social welfare policies and in this case implies that only those who are stable, sober, and compliant are worthy of housing (National Alliance to End Homelessness, 2013). According to the research, with the model of Treatment First, the benefit of stable housing should be earned through successful treatment, and this model implies that clients who are mentally stable and sober should obtain permanent housing.

Housing First

According to Henwood (2011), “Housing First began out of a need to respond to the unresolved problem of chronic homelessness among individuals with severe mental illness and often with co-occurring addictions” (2011). The model was developed in the early 1990s, as an alternative solution to the Treatment First approach, in which treatment requirements and expectations of client’s stability have interfered with ending an individual’s experience of homelessness. The model is successful at moving homeless individuals directly from homelessness into independent apartment living through the use of flexible, treatment team-based support services. The program effectively ends chronic homelessness by providing individuals with what they want and need most: an apartment of their own, without requiring up-front treatment and sobriety as proof of “housing readiness” (National Alliance to End Homelessness, 2013).

The national Alliance to End Homelessness states that it should be recognized that finding suitable affordable housing is a challenge. It is even harder for individuals and families who lack the skills to search for houses and negotiating with landlords. Housing First providers will typically provide for this for individuals (National Alliance to End Homelessness, 2009). Almost all Housing First programs offer both individuals and families some assistance to pay for housing. This can range from providing access to funds for security deposits and first month’s rent, short-term and shallow rent subsidies, and rent subsidies (National Alliance to End Homelessness, 2013). They also state that many Housing First models provide only short-term rental assistance, providing individuals and families with assistance to increase their income through earnings from work and public benefits is a significant part of a Housing First’s service plan which

encourages self-reliance and personal responsibility. The goal of the Housing First model is to minimize the time people are homeless, including time spent in emergency shelters and/or transitional housing. The primary goal of services is to help the individual or family overcome housing barriers and find appropriate housing. Once the individual or family is moved into their new housing, the goals switch and service goals become the primary focus. These goals focus on the casual factors that led to this individual or family to homelessness (National Alliance to End Homelessness, 2013).

Services traditionally provided in “transitional housing” programs are instead provided during a “transitional period of time” after the move to permanent housing (National Alliance to End Homelessness, 2013). Services include substance abuse treatment, mental health counseling, financial counseling, and job readiness skills. In order to be true to a Housing First program, there is no expectation that residency is conditioned on acceptance or compliance with services. The goal is to help individuals and families’ access housing that they can remain in as early as possible, minimizing the trauma of homelessness. The National Alliance to End Homelessness (2013) clarifies:

On one end of the continuum, permanent supportive housing and other housing models targeted to chronically homeless individuals offer intensive, long-term and specialized services in addition to long-term rental or housing assistance. It is a comparatively expensive but effective intervention and as research has demonstrated, when targeted to the chronically homeless individual it is less expensive than allowing such an individual to remain homeless. On the other end of the continuum, programs are demonstrating that they are able to end homelessness through prevention or rapid re-housing strategies at a smaller cost. (p. 3)

The average client’s participation within Treatment First programs is much shorter than Housing First programs due to the fact that in Housing First permanent, stable housing is the end result. (Tsemberis, Gucur, & Nakae, 2004). The benefits of Housing First models

is that housing is gained quickly, the rate of success is greater, and the long-term cost is less.

The Housing First approach is based on the belief that “housing is a basic right and that permanent housing for a homeless individual is the first, rather than the last step in addressing the underlying issues and causes of homelessness for that individual” (George, Krogh, Watson, & Wittner, 2008). In a recent study by the Harm Reduction Coalition, they stated that a Housing First model is best accompanied by a harm reduction philosophy. Under harm reduction, abstinence from drugs and alcohol is not a prerequisite for gaining subsidized housing. “Harm reduction includes practical strategies that intend to reduce the negative consequences of drug use, incorporating a spectrum of strategies from safer use, to managed use to abstinence” (Harm Reduction Coalition, 2006). The Housing First model effectively ends chronic homelessness by providing people with housing of their own, without requiring up-front treatment and sobriety as proof of housing readiness. It is based on a philosophy that housing is a basic human right rather than being reward for successful treatment (National Alliance to End Homelessness, 2013).

For people experiencing chronic homelessness, the United States Interagency Council on Homelessness (2010) reports:

Housing First models of supportive housing incorporate strategies that minimize barriers to housing access or pre-conditions of housing readiness, sobriety, or engagement in treatment. They assist participants to move into permanent housing quickly and provide the intensive supportive services needed to help residents achieve and maintain housing stability and improvements in their overall condition. These practices seek to “screen in” rather than “screen out” and end homelessness for people with the greatest barriers to housing success. (p. 5)

Research suggests that the most successful intervention strategy for ending homelessness is permanent supportive housing that meets the needs of an individual or family. Further, persons who have experienced chronic homelessness frequently have histories of trauma and violence as well as additional barriers to stable housing such as criminal histories, no income, and poor credit. The Housing First model is designed to address these needs (U.S. Interagency Council on Homelessness, 2011).

Conclusion

In every state and every community, homeless people have complex needs and are influenced by the economic and housing policies of their community. Economically speaking, policy makers have an emerging interest in long-term solutions to homelessness. There are numerous services under the solutions umbrella: emergency shelter, transitional shelter, housing first, and outreach services that are necessary in order to break the cycle of homelessness. The list includes but is not limited to subsidized housing, job training programs, educational outreach programs, financial planning assistance, counseling services, and a range of other supportive services that address the issues that precipitated homelessness. Controversy exists among advocates for the homeless about whether homeless individuals should gain direct access to permanent housing or should first reside in transitional housing. Empirical evidence is needed to resolve this controversy. The goals of housing programs are for residents to: 1) obtain and remain in permanent housing; 2) increase their skills/and or income; and 3) achieve greater self-determination (Miller, 2002). Further research and program evaluations are necessary to gather and analyze data to create more effective service delivery programs and to advocate for social welfare policies that will end homelessness.

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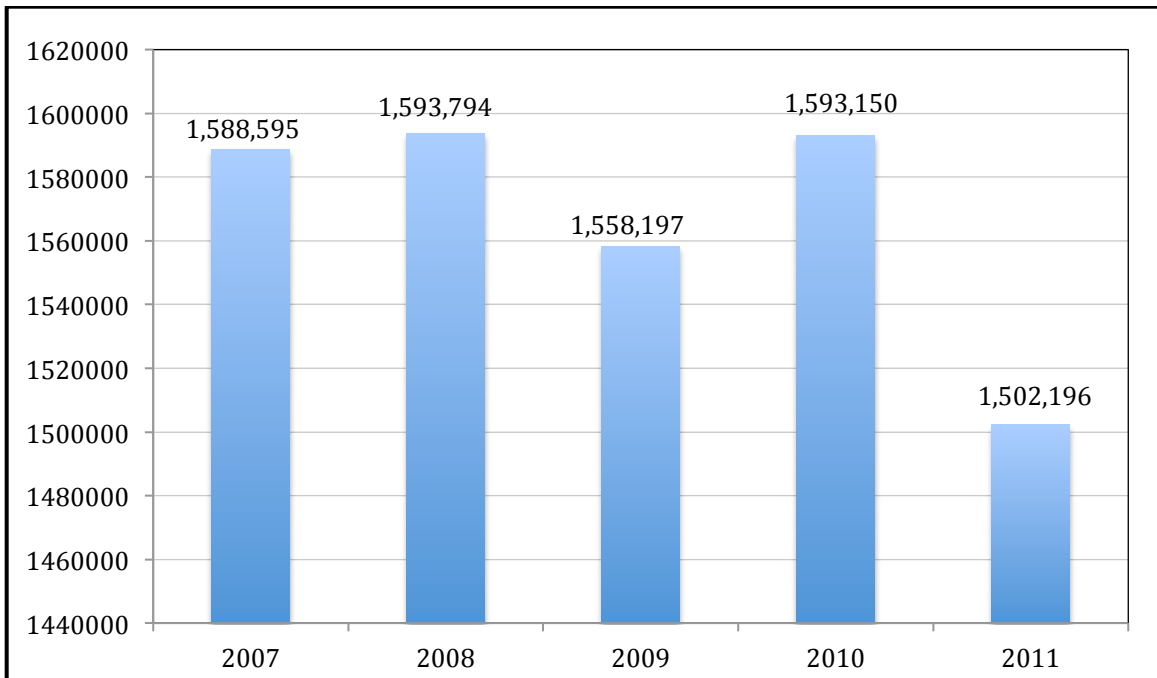


Figure 2.1 United States Estimates of Sheltered Homelessness 2007-2011
Data from “Annual Homeless Assessment Report” by U.S. *Department of Housing and Urban Development*, 2012, p. 17.

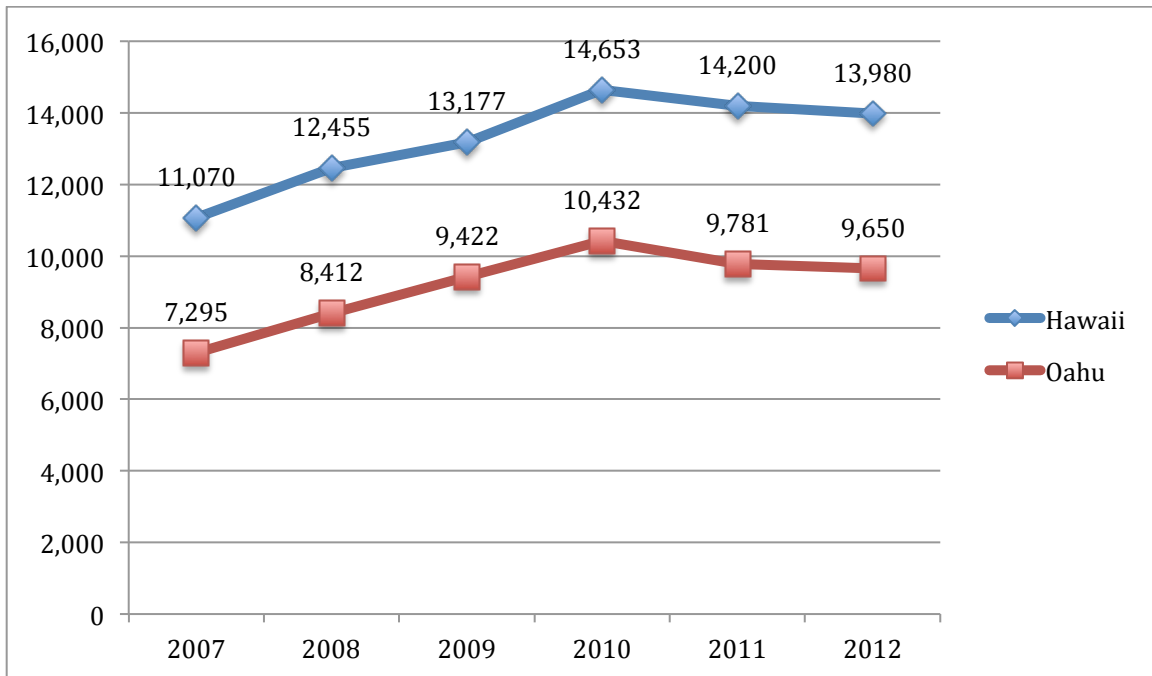


Figure 2.2 Hawaii Estimates of Sheltered Homelessness 2007-2011
Data from the “Homeless Service Utilization Report” by Yuan, S., Stern, I. R., & Vo, H., 2012, p. 2.

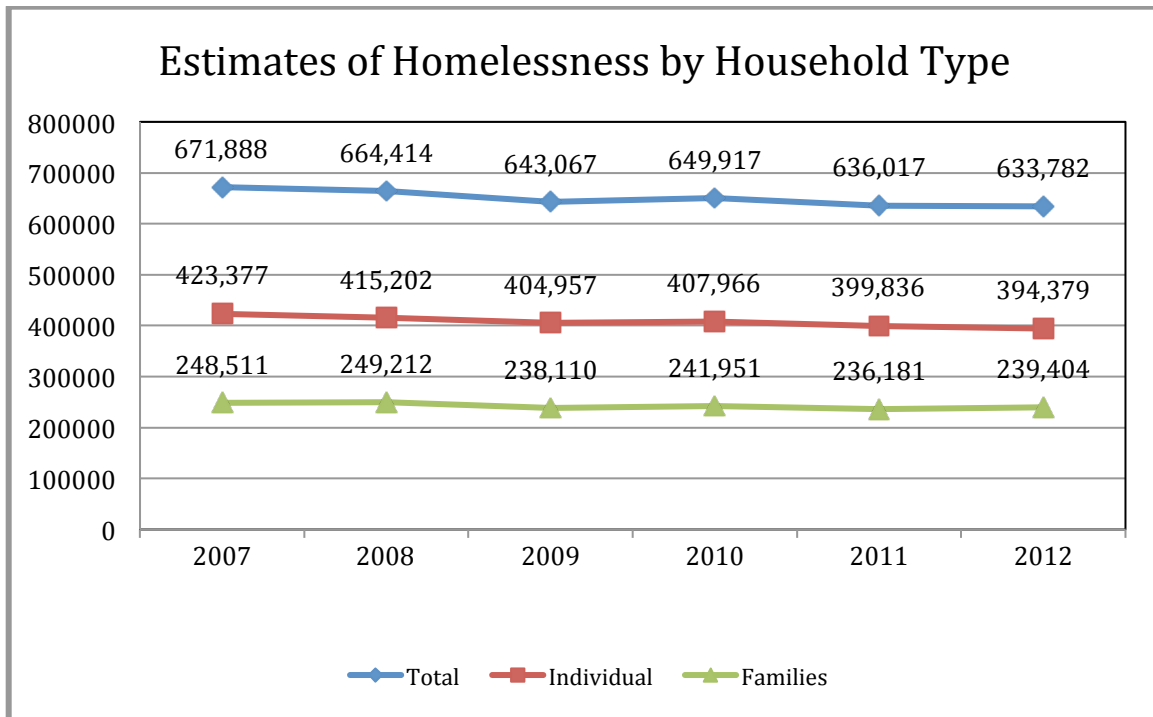


Figure 2.3 United States Estimates of Homelessness by Household Type 2007-2012
 Data from “Annual Homeless Assessment Report” by *U.S. Department of Housing and Urban Development*, 2012, p. 3.

Table 2.1

| Causal Factors Leading to Homelessness |
|--|
| <p><u>Structural Factors</u></p> <ul style="list-style-type: none"> • Lack of Affordable Housing • Poverty • Wage • Cut in Government Programs • Deinstitutionalization <p><u>Individual Factors</u></p> <ul style="list-style-type: none"> • Individual Factors • Substance Abuse • Mental Illness • Physical Disabilities • Lack of Education • Domestic Violence |

Table 2.2

| Intervention Strategies |
|--|
| <ul style="list-style-type: none">• Emergency Shelters A place for people to live temporarily when they cannot live in their previous residence.• Transitional Shelters A housing program for formerly homeless individual who have had a successful stay in a homeless shelter.• Housing First Model Permanent housing is the primary intervention.• Outreach Services A range of supportive services. |

CHAPTER 3

VOICES FROM THE BOAT HARBOR: A PHENOMENOLOGICAL EXAMINATION OF THE NATIVE HAWAIIAN HOMELESS POPULATION

Introduction

Homelessness is a devastating social problem in the United States. There are numerous studies in the social science literature about homelessness, effects of homelessness on individuals and families, as well as exploratory studies on the numerous causal factors relating to and resulting in homelessness. This study examined the Native Hawaiian beach dwellers living on Oahu in the state of Hawaii to see if Native Hawaiian homeless beach dwellers are a unique group within the homeless population. The following research questions were explored: Do Native Hawaiian homeless beach dwellers present a unique subgroup of the homeless? Are the intervention strategies that are implemented to assist the homeless population sufficient to meet the needs of the Native Hawaiian homeless population? Are there unique cultural practices that the Native Hawaiian homeless beach dwellers subscribe to that sets them apart from the rest of the homeless population in the country?

In 1987, the United States Congress passed the McKinney-Vento Homeless Assistance Act that defined homelessness. This Act included the definition of homelessness and was used as the definition throughout government programs relating to

homelessness (U.S. Department of Housing and Urban Development, 2008). The definition listed in the McKinney-Vento Homeless Assistance Act was amended in The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009. A portion of this revised definition relates specifically to this study states that a homeless person is:

- (1) an individual or family who lacks a fixed, regular, and adequate nighttime residence;
- (2) an individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; and
- (3) an individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements including hotels and motels paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing. (Department of Housing and Urban Development, 2012).

The HEARTH Act of 2009 definition focuses on the sleeping arrangements of a person as the key factor in determining whether one is homeless. This HEARTH Act (2009) is important for this research because it examined specifically whether some people will define themselves as homeless even when their sleeping arrangements comply with the definition.

Homeless families are now considered the fastest growing segment of the homeless population in the United States (U.S. Conference of Mayors, 2008). The National Alliance to End Homelessness (NAEH) (2011) reported that homelessness is a devastating experience for any family. Homelessness disrupts every system within the family. The research suggests mental health issues such as anxiety and depression are associated with children from homeless families. Many children suffer physical ailments as well such as stomach problems, poor physical health in general, asthma, ear infections,

and speech problems (NAEH, 2011). The National Coalition for the Homeless (NCH), reported that children are 2 times more likely to experience hunger and 4 times more likely to have developmental delays (2009). Further, the NCH (2009) reported that “poverty and housing instability are especially harmful during the earliest years of childhood” (2009). As a result, homelessness is a very complex phenomenon that greatly impacts all aspects of the family. Despite the efforts at the federal, state, and local levels homelessness continues to increase.

The Hawaiian Homeless Population

Hawaii’s statistics and demographics are unique due to the indigenous Native Hawaiian population. Although social service programs are utilized by residents of the islands, these services have not been as effective for the Native Hawaiian population. A brief history of the homeless population in Hawaii and some demographic information will fill out the unique issues in delivery of housing options, resources, and services for this group. Current and longitudinal information is available about the effectiveness of programs for the homeless population in Hawaii, but the literature about and research on is sparser.

According to *American’s Youngest Outcast: State Report Card on Child Homelessness*, “Hawaii ranked 3rd in the nation in child homelessness” (National Center on Family Homelessness, n.d, p. 1). This ranking is determined based on structural factors such as the lack of affordable housing and employment opportunities. In the data collected by the McKinney-Vento Educational Program, over 1,500 children in Hawaii experience homelessness each year. The report stated that the cost of housing is so much above the amount earned by two adults receiving minimum wage that decent housing is

not attainable in most places in Hawaii. With this type of instability, even a minor financial crisis can propel a family into homelessness. The situation in Hawaii warrants further investigation about the effectiveness of homeless programs and funds being used to support interventions and supportive programs.

For the past 7 years, the Center on the Family at the University of Hawaii and the Homeless Programs Office of the Hawaii State Department of Human Service has compiled demographic and quantitative information about the homeless population in Hawaii (see Figure 3.1). The information is published in the *Homeless Service Utilization* report each year to track data about the homeless population. As noted in the report, the information is completely from the state's Homeless Management Information System (HMIS), an electronic data system that all service providers who receive state and federal funds are required to use. A few other agencies participate on a voluntary basis as well.

The 2012 report summarized information from the state of Hawaii and for each county presented demographic information regarding age, residency, ethnicity, and type of household. Demographic data are also compiled about individual utilization of services provided by outreach programs, and emergency and transitional shelter programs. The report summarized the number of people using services and programs:

From July 1, 2011 to June 30, 2012, the Shelter and Outreach Programs served a total of 13,980 individuals statewide. This number represents an unduplicated count of persons who experienced homelessness and received shelter and/or outreach services during the 2012 fiscal year. (Yuan, Stern, & Vo, 2012, p. 4)

The two largest ethnic groups utilizing services were Native Hawaiians and Caucasians. Caucasians represented 32% of services used and Native Hawaiian represent 28% of services used. Each ethnic group is over-represented compared to the general percentage of the population in those two ethnic groups: Caucasians 26.1% and Native

Hawaiian 10.1% (Native Hawaiian and Pacific Islanders alone) (United States Census Bureau, 2013; Yuan, Stern, & Vo, 2012). The reports stated that individuals who have used serviced for the first time was 43% statewide. The report also noted that the past 2 consecutive years have seen a slight decrease in the use of programs down by a total of 5%. The year 2010 was the peak year of services used with an all-time high of 14,653 clients. In shelter programs, 34% were children 18 years and younger. In addition, 71% of adults were unemployed and about 70% had a high school diploma or less. For over half of the people in families, this experience was their first time accessing sheltered care.

Homelessness in Hawaii is a very complex issue. To understand homelessness in Hawaii, it is necessary to have a brief overview of Hawaiian history and the Native-Hawaiian culture. The Blount report supplies some important historic information on the relationship of Hawaii and the United States in regard to commercial and military endeavors. The United State president, Grover Cleveland, sent Commissioner James H. Blount to Hawaii to investigate the overthrow of the Kingdom of Hawaii. President Cleveland also wanted to know how the people of Hawaii felt toward new authority. On January 17, 1893, the Kingdom of Hawaii under the rule of Queen Liliuokalani was overthrow by the United States government. The United States Minister to Hawaii ordered the landing of American Marines in support of a committee of 13 businessmen who sought to seize political power. Fearful of the American military, Queen Liliuokalani ceded her authority, not to the committee, but to the United States (U.S. Public Law, 1993). In 1897, a protest petition against annexation to the United States was sent to Washington D.C. Over 21,000 Native Hawaiians, representing the overwhelming majority of adult Hawaiians, had signed the anti-annexation petitions (Silva, 1998, p. 61).

Queen Liliuokalani appealed to the United States government, but never recovered her throne. The transfer of 1,800,000 acres of Hawaiian Government lands or nearly half the Hawaiian Islands was given to the United States. In 1898, with opposition, Hawaii was annexed to and became a territory of the United States. Two years later, Sanford Dole, former President of the Republic of Hawaii, was appointed as the first governor.

After the annexation, plantations were expanded by commercial endeavors and the ancient land management systems was fading away with the lines blurred between business and government. Pearl Harbor was attacked on December 7, 1941, propelling the United States into World War II. The Hawaiian Islands became a strategic military base. In March of 1959, Hawaii became the 50th state. Many Native Hawaiians are resentful of the illegal land acquisition and the change of traditional land rights and ownership. In addition, many Native Hawaiians believe that the land still belongs to them today and the ancient way of living off the land is endemic to who they are and the life style that they enjoyed. Tricia Kehaulani Watson a Native Hawaiian from Manoa writes: “We must all embrace traditional Hawaiian values, especially in respect to the family. Hawaiian concepts of stewardships were not simply about the land. They were about the family, because the land is our family” (Watson, 2010, p. 131).

For early Hawaiians, there was no private ownership of land; however, they did have a complex system of land division. According to Handy and Pukui (1993), each island was divided into pie shaped sections called “ahupua’a” running from the mountain to the ocean. The division of land was a way to provide self-sustaining units from agriculture to building materials to fishing resources. Taxes were paid to one person who oversaw the resources and operation of the land and also supported the chief and his

needs. In ancient and traditional Native Hawaiian culture, the family (“ohana”) is the fundamental or functioning unit, which is people related by blood, marriage, or adoption. The values of the culture reflect this unit and a connection is made between the land (“aina”) and the family as a source of physical and spiritual support (Handy & Pukui, 1993). The land physically and spiritually supports the family; the land supports the family as a connection of respect for their ancestors. This reciprocal relationship between the land and the family is vital in understanding Native Hawaiians today in being able to foster necessary and effective supportive resources the land is seen as providing physical support and shelter. These concepts are crucial when considering service delivery for homeless Native Hawaiians.

Hawaii Literature Review

Research specific to homelessness in Hawaii is sparser with even less research on the indigenous Native Hawaiian population. Boyce, Tice, Ona, Akinaka, and Lusk (2009) studied the prevalence of hepatitis among homeless people in Hawaii. They found that homeless people in Hawaii were more likely to have hepatitis B and C because of the commonness of drug use, tattoos, sexual contact, and sharing of personal hygiene items. Boyce et al. (2009) suggested that homeless shelters would be a good place for education, screening, and intervention. Barnes, Barnes, Small, Otto, and Bennett (2010) researched the ocular health of Oahu’s homeless population. The study included a cross-sectional sample of 127 participants. Barnes et al. (2010) concluded that “the homeless population of Oahu has a high dissatisfaction with vision” compared to a national sample. Poor knowledge of eye care services was also noted. They suggested that mobile eye screening units would be ideal for providing ocular healthcare to the homeless population.

Another study examined the barriers to healthcare of homeless people using shelter care in Hawaii (Hoshide, Manog, Noh, & Omori, 2011). Hoshide et al. (2011) noted that homeless people in Hawaii have one of the highest health insurance coverage in the nation with 77% of homeless adults having some form of health insurance compared to that national average of 45%; however, there are still considerable unmet healthcare needs. They also noted that Hawaii is fourth in the nation for the most Homeless residents per capita. The study included 128 participants from three shelters and used a cross-sectional survey of self-reported demographic questions and 29 Likert scale questions. The study found that the most common health problems were decompensated, psychiatric illness, trauma, substance abuse, and infections (p. 214). This research also found that homeless people were “five times more likely to be admitted to acute care hospitals compared with the general public” and “100 times more likely to be admitted to the state psychiatric hospital” (2011, p. 214). Hoshide et al. noted that homeless was likely a causal factor for these admissions and stated that there was a significant deficiency in accessing healthcare despite the prevalence of homeless people in Hawaii having medical insurance (2011).

A more closely related study to the research of the current study was conducted by Yamane, Oeser, and Omori (2010) comparing Native Hawaii health statistics to the homeless Native Hawaiian population. Yamane et al. noted that the Native Hawaiian population has “poor health statistics compared to other ethnic groups in Hawaii” (2010, p. 35). Yamane et al. compared the frequency of disease in the Native Hawaiian homeless people to the general homeless population in Hawaii (2010). The participants were living at three homeless shelter on the island of Oahu. Data from medical charts from 1,182

clients were collected from the Hawaii Homeless Outreach and Medical Education project. It was found that the Native Hawaiian homeless population had more frequency of asthma and hypertension and that diabetes was the most common reason to visit the medical clinic. Other findings included that Native Hawaiian homes had increased rate of substance abuse associated with marijuana and methamphetamine use, but lower use of alcohol. Yamane et al. concluded with suggestion for agencies to better address the health needs of the Native Hawaiian homeless population.

In 2000, Millington provided an anthropological consideration of the lives of homeless individuals in Waianae who have been diagnosed with a mental illness (Millington, 2000). He examined (1) specifically “how a self- or other- identified crazy person who is homeless negotiates relationships in a community” (2000, p. 13) and (2) how relationships are either reinforced or undermined through construction and contesting of shared values, beliefs, symbols, rituals, and expectations. Millington (2000) concluded that “only by paying greater attention to the lives and experiences of these doubly marginalized crazies” and by paying attention to the dialogues “they carry on with individuals, institutions, and the norms of their community--can we translate knowledge and good intentions into more effective and sensible policies and practices” (2000, p. 5). Although it is relevant to the literature on Hawaii’s homelessness, Millington (2000) study focused solely on homeless individuals who had been diagnosed with a mental illness. This ethnographic study acknowledges the marginalization of these people by society; however, it does not address how the sense of community is identified within this population. Therefore, this study answers the question: how can we adequately meet the needs of Hawaii’s homeless population?

Theoretical Framework

Ecological Theory

The Ecological Theory states that personal development is influenced by several environmental systems. Bronfenbrenner (1979) proposed that human development consists of dealing with one's environment. He identified five environmental systems that he stated influences a person's development: (a) microsystem, (b) mesosystem, (c) exosystem, (d) macrosystem, and (e) chronosystem. In 2006, Swick and Williams supported these ideas and explained that Bronfenbrenner's ecological theory is helpful in understanding families because it reflects the dynamic nature of family relations (2006). For this study, I used this theoretical framework because it is a practical explanation of the systems within which homeless beach dwellers work and live.

The microsystem refers to the most immediate surroundings or environmental influences of an individual. It is within the microsystem that an individual interacts with peers, family, school, and the neighborhood. It is within the microsystem where individuals live their daily lives and where they develop (Leonard, 2011). According to Bronfenbrenner, "the individual is not merely a passive recipient of experiences in these settings, but someone who actually helps to construct the social setting" (1979). Within the microsystem layer, the homeless individual or family associates with other homeless individuals within their close knit community. The Native Hawaiian homeless population living on the beach in Waianae has a very unique living arrangement where family and nonrelated family care for one another as well as for each other's children. This way of living represents a microsystem as defined by Bronfenbrenner. Here families have very

close contact with one another as well with the local schools and local community services.

Within the mesosystem, relationships occur between the different microsystems—for example the relationship between the family and the community. Within this system or layer of the Ecological Model, parents may interact with other parents in the community about issues at school or in the community. The mesosystem is an overlap of two or more of the microsystems (Bronfenbrenner, 1979). As homeless families attempt to maintain school attendance for their children, their interactions with the school and other parents who are not homeless would make up the interactions at this level. Within the mesosystem, there might be a very uneasy exchange between the school, nonhomeless families and homeless families as the school organizes a food drive for the local food bank. In order to avoid this uneasiness, parents living at the boat harbor in Waianae mentioned that the parents living in the camp prepare their children for a day at school so as not to be identified as living in the homeless camp.

According to Bronfenbrenner (1979), the exosystem seeks to explain the connection between a social setting in which the individual does not have a close, intimate active role and the immediate context of the individual. For example, homeless families may have interactions between their peers as well as with their children's school teachers; however, they may have no interaction at all with the local community center, the local government, as well as any of the local churches. Therefore, any perceived stigma relating to homeless people may interfere with the successful interactions with all people within the community.

The macrosystem describes in detail the cultural beliefs, values, and political trends as well as the very context where the individual exists. The macrosystem also includes all demographic characteristics, e.g., socioeconomic status, poverty, ethnicity and religion. This layer emphasizes cultural beliefs and values that are extremely important to this research as the lifestyles and cultural histories of the Native Hawaiians are explored. In this system, specific emphasis is placed on homeless Native Hawaiians and their cultural relationships to the land, the ocean, and caring for each other as *ohana* [family].

Finally, Bronfenbrenner (1979) described the chronosystem as a pattern of environmental events that transitions over the life of an individual as well as socio-historical circumstances. It is a combination of all other systems within this theory (Bronfenbrenner, 1979). The chronosystem is an important layer to discuss in the research of homeless Native Hawaiians. Viewing their cultural and history over time may help to acknowledge the construct of homelessness as it pertains to Native Hawaiians. Thus, we see that the Ecological Theory highlights environments as interactive systems that Bronfenbrenner suggested are nested within one another. This theory perceives the interactions of each environment as dynamic in shaping the individual's perception as he/she experiences society.

The Ecological Theory describes human development within the context of social influences. Bronfenbrenner's theory supports this study of homeless families on Oahu because it focuses on the individual as well as the development that takes part as the individual interacts with the family, the neighborhood, the community, and the relationships within the local government and society despite being homeless. Further,

the use of the ecological systems theory was utilized in examining the intrafamilial processes, which were influenced by extrafamilial conditions and environmental factors within society. There is no research regarding the homeless beach dwellers on the island of Oahu in the state of Hawaii, or on their perceptions of identifying themselves as homeless or what policies and resources are available to them and their families. Taking an ecological approach will allow me to examine homeless individuals and families within their environment, to answer the research question: are Native Hawaiian beach dwellers a unique group within the homeless population?

Methods

Phenomenology Theory

Phenomenological Theory is concerned with the study of one's experience from the individual's perspective. Lester (1999) suggests "phenomenological approaches are based in a paradigm of personal knowledge and subjectivity." As a qualitative methods approach, it further emphasizes the importance of personal perspective and interpretation (Lester, 1999). This theory is particularly powerful in a study of the homeless because individuals are able to explain their lived experiences and perceptions of their environment, avoiding any preconceived or normative assumptions. To explain this further, Seamon (1999) explained that phenomenological theory is the interpretive study of the human experience. The goal is to examine, study, and clarify situations, events, meaning, and experiences as they occur in daily life.

Qualitative research methods were used to conduct this study because families who are homeless have unique experiences and they need to be explored. I focused on the human experience of the homeless, such as what they see, hear, touch, smell, experience,

understand, and/or live through to gain an insight into their daily lives and to see through their lenses how they interpret life. From this description, commonalities are discussed and analyzed from the phenomena under study. In-depth interviews with Oahu's homeless beach dwellers were crucial to gaining an understanding of their lives as they see, describe, and report it. Phenomenological inquiry helps to avoid any perceived ideas or thoughts about homelessness in the hopes of avoiding any marginalization of this subgroup of society.

Qualitative research is a set of methods examining social interactions within an individual's personal, social, and cultural settings. This research methodology allows the researcher to explore individual meanings that are assigned experiences as people have experienced it within their society. Further, qualitative research designs are emergent, naturalistic, and interpretive approaches to investigate processes and the socially constructed the nature of reality (Denzin & Lincoln, 2005). Qualitative research is situated within the social, political, and cultural settings of the participants and researcher, thus allowing for understanding of study findings within these specific contexts (Creswell, 2007). Qualitative methods fit this study due to the nature of social and political agenda regarding homeless Native Hawaiians. Since they are used for exploring areas where research is lacking, qualitative methods are a good fit for this study.

Recruitment and Data

Ethics approval was obtained from the University of Utah Institutional Review Board. Homeless adults residing in an encampment in the brush at the Waianae boat harbor were selected for participation in this study. The adults were selected based on

self-report that they were current residents at the homeless encampment (Waianae Boat Harbor) as well as their self-identification as being Native Hawaiian (see Figure 3.2). I explained to each participant the purpose of this qualitative study interviews were conducted using semistructured open-ended questions. The interviews were all conducted at the homeless camp adjacent to the Waianae Boat Harbor. The interviews were recorded using a digital voice recorder and then transcribed. The interview questions were predetermined and were semistructured, but the order in which questions were asked varied depending on each participant's answer to the prior question.

Participant Demographics

Sixteen participants were recruited for the study. All of the participants were chosen through self-selection based on being a current resident at the Waianae boat harbor homeless encampment. Of the 16 volunteer participants, 6 were males and 10 were females. All of the participants of this study were adults and had varying lengths of homelessness from 8 months to 10 years as homeless beach dwellers. All of the participants identified themselves as being Native Hawaiian. The participants identified a variety of sources of work from diving for shells, to making shell leis and necklaces, to recycling bottles and plastic. Two of the male participants identified themselves as day laborers, stating that people come to them asking if they would do manual labor such as working on a rock wall or cutting the grass. The participants in this study were all given pseudonyms to protect their privacy.

Results

I read the transcribed data to become familiar with them and imported the transcriptions into NVIVO, a software management program used to sort and help analyze data. I conducted line-by-line open coding of the data to look for emerging themes and placed the themes into categories. Utilizing the themes, “nodes” were created in NVIVO to record and store the information and look for common usage of words. As stated in Creswell (2007), each of the themes were analyzed to see if there were themes that could be combined with other topics. I reached saturation of the data when I had sufficient depth of information and redundancy of data that met the purpose of the study. As the themes were analyzed, words were selected that were then coded in the specific node. Words like tent, home, house, car, pallet house, and tarps were used interchangeably to describe the participants’ house. These words were recorded in the node or theme referring to housing arrangements. From this analysis, the themes of housing arrangements, a sense of community and safety, and services provided and needed were identified.

Housing Arrangements

The participants described their length of stay at the boat harbor ranging from 8 months to 10 years (see Figure 3.3). Of the 16 participants, 15 described their living arrangements as living in a tent or a tent structure; 1 person stated he lived in a car at the encampment. Of the 16 participants, all used words to describe their homes independently. Likewise, the descriptions of the participants housing arrangements did not change based on the length of time living on the beach. Only 1 participant wanted to obtain a more traditional residence due to her family structure. Some of the residents

have a traditional camping tent while others have tents that have been modified into larger living quarters including the use of wooden pallets. As 1 female noted,

I have lived out here for over 10 years. For everyone living out here I lived here the longest. I have a tent, I enclosed it and I made my own house. (Participant 15, 10 years)

Another participant who has lived at the boat harbor with his wife for over a year describes his living situation and compares it to living in a homeless shelter;

We have lived here now for over a year, in a tent. I would rather live in the bush in a broken down tent and eat fucking beans out of a can then live in some smelly shelter. You can voice your opinion all you want and nothing happen, but when the community complain and say look at how they dressed. If you care why don't you do something, if everybody did a little it would make it a lot easier for those who do a lot. We not asking for money just respect us. (Participant 11, 1 year)

While the residents describe their housing as living in a tent in the brush along the beach without the common luxuries of traditional housing, many described their living situation with a positive connotation. As one female noted,

I have a tent and pallets that we put together, it's a nice house. We fenced off our lot for our dogs. There are some people back here that even have pigs. My dad has homestead land in Nanakuli and says we should live at home but I like to stay out here. We could go anytime to my dad's house and live no problem but we prefer to be out here. (Participant 5, 9 years)

Another interviewee mentioned,

I live in a tent, but I am in the process of building one of those pallet houses. [chuckling] It is going to be two bedroom with an upstairs and downstairs. (Participant 6, 3 years)

Another participant describes her housing arrangement in similar fashion:

I live in a tent with tarps over it. I like living on the beach because no one tells me what to do. Home is where you make it regardless of a tent. I love it here. This is pretty much housing without the wood. (Participant 14, 3 years)

In contrast, 1 participant described her experience with less enthusiasm of her housing situation and with making a judgment based on having children with her:

I live with my two children and I have one on the way. I get the two older children ready for school and then I rest. I am tired a lot with this baby [pregnancy]. It is hard to always bathe my children. Sometimes other mom's look after my children while I rest. I have lived here on the beach for about eight months. I have a tent that me and my children live in. I moved to Oahu because I heard that the homeless people had it better here. I want to go back to the big island. I want to get an apartment again. It is easier with the kids. (Participant 8, 8 months)

While the majority, 15 out of 16, of the participants described their housing arrangements in a positive manner, many likewise did not agree with the definition of being homeless. When discussing the term "homeless," many of those living on the beach could not identify with the traditional definition of being homeless. Some associated homelessness with the homeless population who reside in a more urban setting. Two interviewee stated:

Them people are different. They deal with the streets yeah? It's all city wise. It's different because the bums in there they are bums from society. Not like us we are just from here. They're from the public. They used to have good jobs now they shit. We didn't do that to them they did it to themselves. They choose what they want to do. But they blame everybody else. It sucks (Participant 12, 3 years).

The guys up town (referring to urban homeless in Honolulu) are different they stay there and ask for handouts. Around here people make leis and shell necklaces. (Participant 2, 1 year)

Each of the participants was asked if they were homeless. Fifteen out of the 16 participants denied that they were in fact homeless; rather many suggested that they may be houseless but would not agree that they were homeless. Three typical responses were:

No this is my home, I'm just houseless. That's what I mean, we don't have a roof over our head, we don't have a shelter but this is home. Hawaii is home. (Participant 1, 1 year)

No we are not homeless, we just don't have a house like you. Our house is different. We just have different kinds of homes. We take pride in what we got here. (Participant 5, 9 years)

No maybe houseless, but not homeless. This is home. Waianae Boat Harbor. To me a house is just a wooden box with a roof because home is where you come to God and make it your own. Why am I going to pay ridiculous rent of \$800 - \$1000 when I can just pay the rent of keeping the area clean? I keep my place clean. I don't own a stove because we have Koa wood, so you can light a fire with that for heat. This is pretty much housing but not housing without the wood. We got everything else that we need. (Participant 6, 3 years)

One participant who has lived for the past year at the boat harbor described his arrangements as living in his truck:

I live in my truck. There's a rack that I made into a camper. I just closed off the pipe rack. I put a bed in there. I live right here in my truck. (Participant 1, 1 year)

Sense of Community and Safety

Oftentimes, homeless individuals are marginalized as substance abusing mentally ill people, and /or being the dregs of society who place other sheltered or nonhomeless individuals at risk of danger and harm. The participants of the study were asked to describe their feelings regarding safety as residents at the boat harbor encampment. As the perceptions and stereotypes of homeless people have been documented over time, it was important to document the participant's perceptions regarding this issue:

We all family here. (Participant 12, 1 year)

This is a small community, a little village, like Hawaii back in the day. This is all we got is each other. We take care of each other. She might have her own problems but we make time to listen to each other. I feel like we get discriminated to a lot of times. It's just because of how we look. (Participant 16, 1 year)

Yes, this is a pretty safe community. I like living on the beach because no one tells me what to do. Home is where you make it regardless of a tent. I love it here. (Participant 14, 3 years)

Participant 8, while describing her situation as homeless and wanting to get away from the Boat Harbor to have a better home for her children still described a sense of community and of feeling safe:

I feel safe here, but I would like to get a house or apartment again like I had on the Big Island. Well, the moms look after each other kids while they are on the beach. (Participant 8, 8 months)

All of the participants in the study reported that they felt a sense of community living amongst each other at the boat harbor. For example, one participant stated:

People come by here and stare at us like we are druggies or strange people. Why do they do that? We don't drive by their neighborhood and do that to them. The problems we have here are no different than the problems they have in their neighborhood. (Participant 4, 1 year)

As the participants described their sense of community it also became clear that they interpret their environment as being safe. Many of the participants suggested that they feel most safe in the encampment with the other residents and less safe with the residents of the community outside of the Boat Harbor.

Safe from what? Um safe from people attacking you? No, I mean from the neighbors and shit yeah but other people come out here. But it's hard to explain it. How do you define safe? Like from nature or from people hurting you? There's no security let's put it that way. We've had guys come with guns so by the time cops get here the people are gone. At night I sleep in there. I got a dog I don't worry about nothing. (Participant 1, 1 year)

You know I feel, you know, at any time I want to be totally safe but I can't say that. Because people from outside come in here, and take things they bring guns and trouble, they not from here. (Participant 16, 1 year)

Oh yeah for sure. I make sure no trouble comes here and lives here. I tell them there is no room here and they can't live here. We have families with kids maybe 42 kids that live back here and we can't have any trouble. I ride around every day and make sure its ok here. We look out for each other and the moms look out for each other's kids. When the kids walk to school moms take turns and walk them all the way to school, so there's no trouble. (Participant 13, 9 years)

Oh yes. I can close my eyes and feel safe here. I am great. God is great every day. I sleep all by myself way over there and I feel safe. (Participant 6, 3 years)

Yes. This is a pretty safe community. (Participant 7, 3 years)

Services Needed

The participants reported utilizing some local services that are provided. They also clearly state what their current needs were when questioned about what would improve their living situation. The three most common items of “needed services” were child activities, medical/ dental care, and trash removal:

We could also use help for the kids. We have 40 kids here. Something to occupy them to keep them out of trouble. We have a preschool right there for low income housing and they don’t come over here for the kids. They [kids] need to keep busy. Instead of being stuck inside the area they need to go play but they can’t because of safety. They could have a park for the kids and learn at the same time. They could do a preschool here. (Participant 6, 3 years)

We could use activities for the kids. I would volunteer to help. (Participant 14, 3 years)

One participant explained the severe need for dental care:

We need dental care out here. There’s none, zero. And that’s bad, you look at some of these guys out here and they smile and they have no grill. And if they have a grill it’s all black rotten to the gum. (Participant 12, 1 year)

Others have explained the need for first aid supplies. When asked about services needed,

1 participant stated that they need supplies that are appropriate for living in the outdoors:

Basically we need everything you would need if you went camping, think of it that way. People need basic first aid stuff. (Participant 5, 9 years)

Other participants echoed this statement:

We need first aid kits out here for the cuts and stuff. Flies get in it and it’s dirty. “Comprehensive” comes out here to help but the next thing you know they don’t come around for a long time and by that time everything runs out. What we need out here is someone to come out weekly. Or whatever, monthly. You know what

would be best is if we had band aids and ointment. Like iodine, everybody gets hurt. Like I said they come out here but not steady; they sit over there then leave and we don't have services for a while. All we need is for them to come out here every couple of weeks something steady. They bring waterless wash clothes but only once in a great while. (Participant 1, 1 year)

Like every other community or neighborhood in the United States, trash removal is a very paramount social issue. According to the participants, trash removal is one of their top three needs as residents at the Boat Harbor.

We need trash services out here. People don't take their trash out and we fill up the boat harbor's trash cans. They don't care but we need more. (Participant 13, 9 years)

The number one problem is the trash. The dogs get the bags that are left by the trash. If they could just collect it one day a week, that would be great. If a volunteer could load up the trash in a trailer and take it away that would be great. There are a lot of bugs and disease [in the trash]. That would be totally great and we keep the area picked up. That would totally work out. That is the number one problem, the rubbish. (Participant 6, 3 years)

The one thing that I would like to have them do more of is the trash. Everyone puts their bags out but it is still there. They need to take it somewhere. That is what makes it crazy. The dogs get it. Then there is fighting over the bag and rubbish everywhere. (Participant 8, 8 months)

Services Provided

Throughout Oahu, there are service providers focused on the homeless population. The participants were asked to explain what services were available to them and they described the following services: local homeless shelters, food pantries, service organizations, and medical services. One participant explained his perception of the local emergency homeless shelter referred to by locals as "the tent," and why he chooses to live at the boat harbor instead.

Oh that's nasty, bed bugs and shit, it smells, you have to stay in little cubicles. Excuse my language but fuck that. I used to help clean ova there, it smell so bad I

say what is that smell? They told me at night the people don't want to go outside so they pee in there. They piss and shit right in their cubicle; it smells bad. All nationalities live in there and they don't get along. I tell you what all these immigrants that come here they get the shit first. They get financial, they get medical, they get a check for 1000 a month because we bombed them. The rest of their life we pay them, then they come here and take our apartments and invade our space. They are not clean half of the time, they will steal your cats and dogs. (Participant 1, 1 year)

Other participants responded to the question about whether services were available to them.

The community has some services. They gives us like shelters and stuff; they all have rules and regulations, nobody wants to live like that; I choose to live like this because I don't want to live under somebody's rules I love the free living. I love waking up and not having to answer to anyone. (Participant 3, 9 years)

Yeah, there's some, there's a shelter down the street but that's not for us. It's full and people stay there. It's not the freedoms like out here. There's also the outreach and comprehensive that comes out here. (Participant 13, 9 years)

Yes, but we don't use them, most of the time we are gone. There are a lot of community services that are provided by churches. People in general come in and feed, give stuff, candles, anything you need they ask you. And they try and bring it to you. (Participant 6, 3 years)

Oh yeah, all the time. Papalama services, they bring food and [they bring] clothes. The churches. The coffee man brings cocoa, this person that comes every other day at 5:30. (Participant 6, 3 years)

Food is supplied often here by religious groups or other people or I can go down to the shelter to get cans. (Participant 8, 8 months)

They told me when I moved out here, when you move to the west side I can't starve they feed you way too much. They feed you, feed you, and feed you. It blows me away. At Christmas because I had like 14 plate dinners another guy came gave me clothes all brand clothes, slippers. I mean it's just like living at home you know? It's nice, people come out here and they care. People come and buy you plate lunches. Hawaiian plates, American food it's nice. (Participant 1, 1 year)

Yeah they come once a week with food lunches you know. Sometimes we go over there for church services and they don't give us any food. If we could just get

something that would be nice but they don't feed you first, you have to sit there and listen to the word and you're starving and your feet hurt but you have to listen to them first. And you stink because you haven't bathed for a week. (Participant 11, 1 year)

The participants explained both a needed service and a provided service regarding the topic of first aid. While some say they needed it more often, others responded that it is provided and available.

Waianae comprehensive comes down once in a while to give out band aids and stuff. We could use more of that stuff. (Participant 3, 10 years)

Discussion

The findings from this study suggest that all people perceived to be homeless may in fact not be homeless in their own views. The U.S. Department of Housing and Urban Development's definition of a homeless individual is: (a) an individual or family who lacks a fixed, regular, and adequate nighttime residence; and/or (b) an individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground (HUD, 2012). The narratives of the 16 participants in this study who reside in the encampment at the Waianae Boat Harbor suggest that despite the federal definition, they do not consider themselves homeless. Almost all of the participants stated that they were maybe houseless and not homeless; however, many of them went onto describe their house with things such as heating and cooking. The question now arises, could homelessness be a social construct? Who in society determines who is homeless? Are we all defined by the federal government and marginalized into a group that we may appear to resemble, or do we, as the homeless people have done, here describe our own circumstance and situation?

As I embarked on this project, there was an initial concern that I, as a “White male” researching Native Hawaiians, would not be accepted by the perspective participants. As I began my research, I experienced just the opposite; the participants were very eager to discuss their views on all of the questions I was researching. One participant specifically spoke to that very notion of race. It was his perspective that I would be able to use this study to draw attention to who they are and potentially have a positive impact on their plight. The participants, both men and women, reported that the tents or shelters they had made were their homes. Individuals and families had cleared the area for their own individual space and created their own boundaries. For the Native Hawaiians, the land, the beach, and the ocean is considered home and has been for centuries—this connection is still true today and this is the description that they give today. Throughout the federal definition of homelessness, there is no clause or exception to homelessness based on cultural and historical practices. The participants described their encampment with terms such as village, community, and neighborhood. The participants each addressed a number of topics, and many addressed important themes such as housing arrangements, a sense of community and safety, and services provided and needed. The services and needs that were described by the participants in this study were no different than any other village, neighborhood, or community in the country, especially among those living in poverty.

These participants were able to articulate their needs as residents at the Boat Harbor. These needs ranged from requesting first aid kits to regular trash pickup. The participants also stated that they have regular services available to them in the local community if they choose to take advantage of them. None of the 16 participants desired

to reside in an emergency shelter for the homeless. The participants stated that they felt a sense of security in their encampment. The only mention of feeling unsafe came from participants talking about “locals” not from the Boat Harbor. The participants in this study expressed experiencing a sense of community in that they looked up to and relied on the one resident who took it upon herself to make decisions about who can and cannot live at the Boat Harbor because she felt it was her duty to protect all of the residents from potential trouble makers.

Limitations

The results of this study were gathered from a unique subgroup of the homeless population. The perceptions and experiences of these participants may be significantly different than those living in urban areas or in tent cities that are available for all people despite the cultural component present at the Boat Harbor. Their perceptions are based on an indigenous group living on their cultural public land that would be difficult to replicate in any other study. Another limitation to the study is all participants were from the same homeless encampment on the island of Oahu. Initially, there were concerns that the information gleaned would possibly be biased due to the cultural differences between the researcher and the participants. However, that concern was diminished once the interviews began and the participants actively participated in hopes that their experiences would be heard and told.

Conclusion

The results of this study provided a tremendous view through the eyes of Native Hawaiian beach dwellers as they describe their own perceptions and experiences of being

houseless while residing on the beach in Hawaii. This study showed that definition set forth by the United States government agencies plays a part in marginalizing groups based on where people live, what kind of community they are from, and what the make-up of their house is. Further, it demonstrated that culture has no influence on definitions. This study found that not all individuals, and families fall into one neatly packed definition. Therefore, service providers as well as policy analysts need to examine the people, culture, and family structure to avoid the potential for racial oppression through policy creation. This study emphasized the important and necessary use of culturally competent policy makers and advocates. Further, this study showed that a community can be created and inhabited by residents despite being defined as homeless, who function together like any other traditional community. This study also showed how a unique group of people can come together to unite for the common good of the community, to provide a secure and safe place to reside. The findings from this study should be used by the community leaders and service providers, as well as leaders from the homeless encampment to create policies and regulations that benefit all people of the larger society. Future research should include the perceptions and experiences of the children residing at the boat harbor to gather data on their experiences. Further research of comparative study among other groups of Native Hawaiian indigenous groups living in different encampments in the state of Hawaii could be useful in generalizing this information to other Native Hawaiian people. In conclusion, the messages from the people are they just want to be treated like every other resident of a community in Society. This study revealed the necessity to consider the cultural identities when creating programs and policies. Lastly the use of the Ecological Model allowed the Native Hawaiian beach

dweller's experiences and associations to be explored by examining how the environment impacts their lives.

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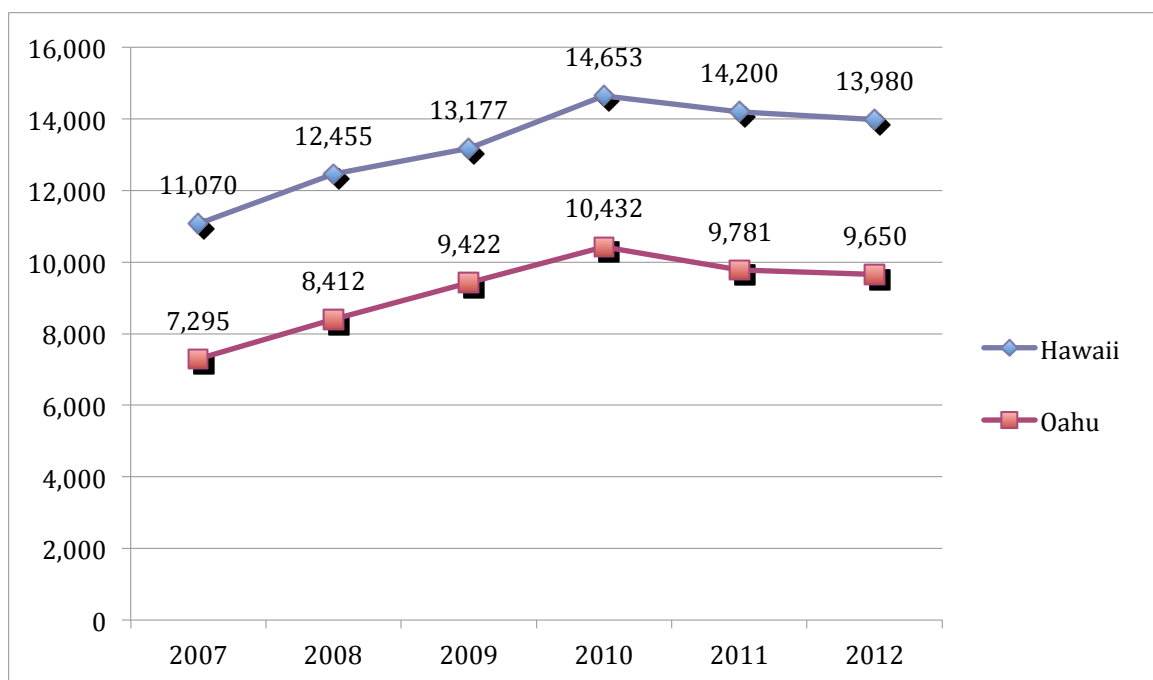


Figure 3.1 Estimates of Sheltered Homelessness 2007-2011

Note. From the “Homeless Service Utilization Report” by Yuan, S., Stern, I. R., & Vo, H., 2012, p. 2.

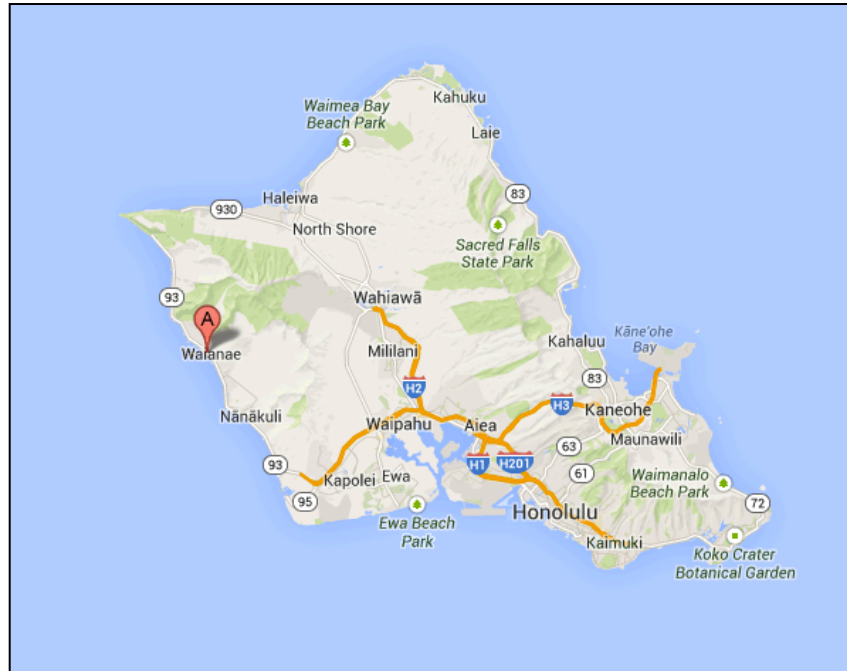


Figure 3.2 Oahu Hawaii

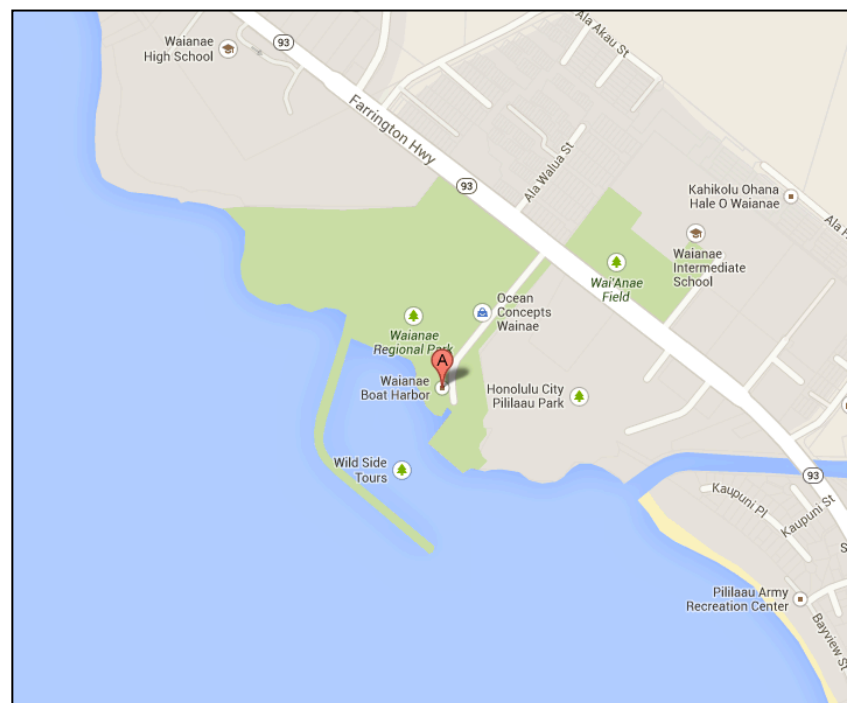


Figure 3.3 Waianae Coast: The Boat Harbor

CHAPTER 4

SERVING THE HOMELESS: A PHENOMENOLOGICAL STUDY ON SERVICE PROVIDERS' EXPERIENCES WORKING THE HOMELESS POPULATION IN HAWAII

Introduction

Homelessness is one of the leading social problems in the United States. There are numerous studies in the social science literature about homelessness, effects of homelessness on individuals and families, as well as exploratory studies on the numerous causal factors relating to and resulting in homelessness. This study examined the services provided to the homeless population on Oahu and specifically explored the services provided to Native Hawaiian beach dwellers. This study explored the perceptions of the service providers to see if the services they provide are successful in helping the Native Hawaiians who are homeless. The following research questions were explored: What are the perceptions of the service providers regarding the success of the intervention programs to reduce or eradicate homelessness? Can the homeless Native Hawaiians benefit from the traditional homeless intervention strategies? What are the perceptions of the service providers regarding the Native Hawaiian beach dwellers?

In a phenomenological study conducted by McBride (2012), she explored the experiences of 11 homeless individuals. The results of her study revealed themes such as need for employment, perceptions of needs, perceptions, of programs and shelters, and

perceptions of treatment. McBride (2012) further explained that despite the lack of Federal government assistance, there are numerous national, state, and community programs to meet the needs of the homeless population. She found that the participants in her study identified numerous needs being unmet “however the primary unmet need was shelter” (p. 49). The overall results of the McBride (2012) study revealed that there are numerous services and programs in the communities available for the homeless population. She further stated that her respondents to her study explained a hesitancy to access the available services. “Even though many programs and services were identified as being available, numerous barriers were identified” (p. 49). Regarding service delivery, McBride (2012) concluded, that although there are numerous programs available many of the homeless population are reluctant to access the programs while others stated that the adequate programming to get them gainful employment are lacking with the service delivery arena.

One of the most recent studies exploring the effectiveness of community interventions for the homeless by Mulroy and Lauber was published in 2004. They concluded that programs need to use a “wide lens of working toward systems change” (Mulroy & Lauber, 2004, p. 583). They emphasize the need for partnership formation, community development and family strengthening to enhance program effectiveness. Another key finding is that a systematic collection and management of data needs to be put in place to help track clients in order to evaluate client participation of activities. Since this study was completed the *Homeless Service Utilization Report* has been effectively reporting information for the past 7 years.

Meschede (2011) explored the perspectives of consumers and providers regarding service delivery and access to housing options for the homeless population. The goal of her research was to demonstrate the achievements and failures of service that attempt to reach the chronic homeless (2011). The main theme of this research was, what are the homeless-service provider's theories of homelessness and assumptions about how their services may improve housing options of the homeless street dwellers? Meschede (2011) explained that "service providers viewed providing access to medical services and forming trusting relationships with the high-risk homeless street population as their primary role" (p. 73). The research further claimed that addressing the housing needs or lack of housing was considered a secondary issue for the street dwelling homeless. The service providers who were respondents in this study shared a variety of suggestions for improving services and access to housing programs for chronically homeless street dwellers. According to Meschede (2011), "these suggestions ranged from structural changes geared toward increasing the affordable housing stock to addressing more interpersonal issues, such as educating service staff and the larger public about homelessness" (p. 74). The research findings conclude by claiming the interventions within the homeless shelter system, "for most the first point of entry into the homeless services system, need to address both the service needs and the housing needs of those newly entering homelessness with shorter shelter stays and rapid rehousing are important mechanisms to ending chronic homelessness" (Meschede, 2011, p. 86).

Another study conducted in two southern states in the U.S. by Lindsey (1998) explored service providers perceptions of the factors that help or hinder homeless families. The research was conducted by using surveys sent to 165 homeless shelters

across two states. “Sixty two percent of the respondents were directors of shelters or of transitional living programs” (Lindsey, 1998, p.166). Lindsey (1998) further concludes that the service providers who responded to her study seemed to place more importance on individual factors associated with homelessness and whether rehousing took place than on the structural factors. Another important finding in this research was the explanation of the service providers who “seem to think that families are getting their basic needs other than housing” through the available community resources (Lindsey, 1998). As another important finding in this research, Lindsey (1998), found that the level of education played little part in the actual service delivery or on the service provider’s perception of the successes or hindrances of the factors associated with homelessness. The research claims that “social work training seems to have little effect on service provider’s perceptions” (Lindsey, 1998, p. 166). The research recommends that trainings should be conducted to help service providers understand how their own perceptions on the causes of homelessness and have an influence on the success or failure of the services provided (Lindsey, 1998).

Baggerly and Zalaquett (2006) conducted a descriptive study on counselor’s knowledge and actions taken while working in a transitional shelter for the homeless. The purpose of their study was to increase the knowledge of counselors at the shelter. Their findings suggest if the counselors at the transitional shelter increased their knowledge about who the homeless are they might experience more empathy and motivation to help homeless individuals within the shelters (Baggerly & Zalaquett, 2006). The researchers explained the need for the counselors to address their potential prejudices towards the homeless by dispelling the myths regarding the residents of the shelter. Considering the

causal factors, Baggerly and Zalaquett (2006) found that “people who are homeless are younger and homelessness is not a product of moral deficit of an individual but rather a result of complex issues in the community” (p. 155). Thus, they conclude that the counselors need to advocate for the homeless by being more active in promoting community change and awareness regarding the homeless. Lastly, their research suggested that “counselors were encouraged to fulfill their ethical and societal responsibility to improve the lives of homeless people” (Baggerly & Zalaquett, 2006, p. 155).

Research on the needs of homeless shelters was conducted by Lundahl and Wicks (2010). Their study explored the needs of shelters and the needs of the homeless they serve. Their research examined the relationship between the service providers and the volunteer workers who free donate their time to helping the homeless residents of shelters. They found that “homeless shelters and their residents have many needs, some of which are more routinely met than others” (Lundahl and Wicks, 2010). The results of their study claim that the basic needs of the residents get met such as food and clothing; however, physical and mental health needs may go unmet due to the lack of training and skill of the volunteers (2010).

Another study in the literature exploring the relationship between service providers and homeless individuals was conducted by Hoffman and Coffey (2008). Their research examined the experiences and interactions between 500 homeless individuals and service providers. They found that the interactions between the homeless service providers and the homeless individuals were “predominately expressed in sharply negative terms” (Hoffman and Coffey, 2008, p. 207). Further, they reported that the

homeless individuals responded to the treatment received by the service providers with feelings of “anger, and many opted out of the social service system in order to maintain a sense of dignity and self-respect” (Hoffman & Coffey, 2008, p. 209). They explain their research further stating “if we expect to make inroads toward solving homelessness it is important that homeless individuals feel it is possible to become a part of mainstream society” (Hoffman & Coffey, 2008, p. 209). Hoffman and Coffey (2008) conclude their study explaining that ““examining the quality of people’s experiences does not in and of itself end homelessness, but it does help us understand how experiencing a lack of respect and dignity may turn individuals away from services intended to help them” (p. 219).

There is a tremendous void in the research regarding the services provided to homeless people in Hawaii. Much of the research that is available is on medical services provided to the homeless population. Following the traditional model of services for the homeless population, many of the services previously mentioned in this research are discussed. What is missing is the service provider’s perceptions of the services and their understanding of the needs of the Native Hawaiians.

A brief background on the cultural diversity of Hawaii will help to understand the somewhat daunting task of providing effective services to the homeless population in Hawaii and understanding the unique needs of the homeless Native Hawaii population. Hawaii is considered one of the most ethnically diverse states in the United States. Hawaii’s ethnic distribution consist of 38% Asian, 26% Caucasian, 23% Two or More Races, and 10% Native Hawaiian and other Pacific Islander with no majority group (United States Census Bureau, 2012). Both the Asian and Pacific Islander populations can be broken down further into very distinct ethnically and culturally diverse groups.

The distribution of the populations throughout the islands also plays a factor in service delivery along with appropriateness for effectiveness of services for different ethnic groups. Hawaii consists of eight major islands of Hawaii (often called the Big Island), Maui, Kahoolawe, Molokai, Lanai, Oahu, Kawai, and Niihau and spans 400 miles across the Pacific Ocean. The majority of the population lives in three areas: the City and County of Honolulu (976,372), Hawaii County (189,191), and Maui County (158,226).

Niheu, Turbin, and Yamada (2007) explored the effects of the military presence in Hawaii on the mental and physical health of the Native Hawaiian people. They proposed that the military takeover for the purpose of profit lead to the deterioration of the health of the Native Hawaiian people starting with the arrival of Captain James Cook in 1778 commissioned by the British Royal Navy for scientific exploration. They stated that with construction of the naval base at Pearl Harbor in 1900, thirty-six traditional Hawaiian fishponds as a “rich food source” were destroyed (p. 58). Niheu et al. reported that as of 2004, the military had 161 military installations and controlled 22.6% of the total land area of the most populated island of Oahu. They referred to this as structural violence as the “harmful influence of economic and political structures on human potential and well-being” (p. 58). They concluded that with the deterioration of the health of Native Hawaiians, urgent action is needed in the areas of policy reform, program development, and more research.

Health Services

A study conducted on the prevalence of hepatitis in homeless shelters in Hawaii found high rates of hepatitis B and C, which was associated with use of drugs, tattoos, and sexual contact (Boyce, Tice, Ona, Akinaka, & Lusk, 2009). Boyce et al. suggested

that homeless shelters would be a good place for education, screening, and intervention. They further suggested that a health fair held for screenings could help reduce the incidence of hepatitis amongst the Native Hawaiian homeless population (2009).

Another area of services for the homeless includes eye care. Barnes, Barnes, Small, Otto, and Bennett (2010) conducted research on ocular health on Oahu's homeless population. Although this is not one of the traditional services for the homeless populations mentioned in the research, they found that a large number of the homeless population suffered from vision issues and more than half of the clients served did not know how to obtain eye care. Barnes et al. noted the social stigma in obtaining services from providers that were not accustomed to working with homeless people. Lastly, they reported that the homeless in Hawaii had significantly higher rates of visual impairments when compared to national sample, which may be because of the unique ethnic makeup and suggested further research in this area is needed (2010).

Other services provided to the Native Hawaiian homeless population were researched by Yamane (2010). The purpose of the research was to look for the occurrence of diseases in the Native Hawaiian homeless population and compare it to the non-Native Hawaiian homeless population. The results showed a higher rate of Asthma and higher rates of family alcoholism and hypertension. The services offered to the Native Hawaiian homeless population may fall short of meeting the needs such as long-term permanent housing. Omori et al. also noted the scarcity of literature regarding the overall impact of health care service programs to the homeless because of the transient population being served; however, they did note that patient satisfaction with the services was generally high.

Methods

Qualitative research is a method of examining social interactions within an individual's personal, social, and cultural settings. This research methodology allows the researcher to explore individual meanings that are assigned one's personal experiences as they have experienced it within their society. Further, qualitative research designs are emergent, naturalistic, and interpretive approaches to investigate processes and the socially constructed nature of reality (Denzin & Lincoln, 2005). Qualitative research is situated within the social, political, and cultural settings of the participants and researcher, thus allowing for understanding of study findings within these specific contexts (Creswell, 2007). Qualitative methods fit this study due to the nature of social and political agenda regarding service delivery to the homeless Native Hawaiians. There were few studies found in the social science literature regarding service delivery to the Native Hawaiian homeless population specifically targeting services to those living on the beach on Oahu. The current study will provide a look into the services provided and examine the perspectives of those providing the services.

Phenomenology Theory

Phenomenological theory is concerned with the study of one's experience from the individual's perspective. Lester (1999) suggests "phenomenological approaches are based in a paradigm of personal knowledge and subjectivity" (p. 3). It further emphasizes the importance of personal perspective and interpretation (Lester, 1999).

Phenomenological theory seeks to describe one's experiences rather than to explain it without the use of a hypothesis. This theory is particularly powerful in the homeless study as individuals are able to explain their lived experiences and perceptions of their

environment, avoiding any preconceived or normative assumptions. To explain this further, Seamon (1999) explained that phenomenological theory is the interpretive study of human experience. The goal is to examine, study, and clarify situations, events, meaning, and experiences as they occur in daily life.

Phenomenological research methods were used to conduct the study because families who are homeless have unique experiences. As I explored the phenomena of homelessness, I focused on the human experience of the homeless, such as what they see, hear, touch, smell, experience, understand, and/or live through to gain an insight into their daily lives and to see through their lenses how they interpret life. From this description, commonalities are discussed and analyzed from the phenomena. In-depth interviews with Oahu's homeless beach dwellers was crucial to gain an understanding of their lives as they see it and how they describe and report about it. Phenomenological inquiry helps to avoid any perceived ideas or thoughts about homeless in the hopes of avoiding any marginalization of this subgroup of society. Within the homeless research, there is a weakness or void concerning the homeless individual's perception of actually being homeless. Therefore, this research will contribute to the knowledge base and understanding of homeless people.

Participants/Recruitment

Service providers who worked in homeless shelters or outreach agencies were contacted and invited to participate in a one-time semistructured individual interview. Potential participants were recruited from a variety of agencies who provide services for the homeless population on Oahu, Hawaii. Purposive sampling was used to recruit potential participants, and recruitment was limited to service providers who only provide

specific service to the homeless population. Interviews lasted approximately 45 minutes, and included questions around a participant's experiences providing services to the homeless population, what services were offered, and their perceptions about the success of their program. All interviews were audio recorded and transcribed. Transcripts were read and reread and checked for accuracy.

Data Analysis

The interviews were recorded and listened to in their entirety and transcribed. I then read the transcribed data to become familiar with it. The transcriptions were imported into NVIVO, a research software management program to sort and analyze the data. The transcripts were read for thematic findings. I conducted a line-by-line coding of the data to look for emerging themes and placed the themes into categories. Utilizing the themes, "nodes" were created in NVIVO to record and store the information and look for common usage of words. All emerging themes were coded in a different color and categorized. As stated in Creswell (2007), each of the themes were analyzed to see if there were themes that could be combined with other topics. I reached saturation of the data when I had sufficient depth of information and redundancy of data that met the purpose of the study. For this study, the themes of types of services provided, successes and limitations, outreach services verses walk-in services were explored.

Results

Twenty participants were recruited for the study. All of the participants were current employees of a homeless service provider agency on the island of Oahu. Of the 20 volunteer participants in this study, 2 were males and 18 were females. The ethnic

makeup of the service providers is crucial to this study as their perspective regarding this study was important. One of the providers was African American, 16 were Polynesian, of that group 8 identified as Native Hawaiian, and 3 identified as Micronesian. All of the participants of this study were adults and had varying lengths of service working with the homeless. The participants identified a variety of work environments such as transitional shelter care, emergency shelter care, and outreach services. Two of agencies provide outreach services and were associated with a medical facility. The participants in this study were all given pseudonyms such as Service Provider #1, (SP #1) to protect their privacy as well as the privacy of the agency were in they work.

Thematic Findings

The findings of the study were based on the analysis of the themes that emerged from the narratives of all 20 service providers as they explained their perceptions and described their experience working with the homeless. The results of the study presented three thematic findings: types of services provided, successes and limitations of services, and outreach services verses walk-in services.

Services Provided

The services provided by the participants of this study are consistent with the types of interventions mentioned in Chapter 2 of the current study. They range from emergency shelters, transitional shelters, and outreach services. The participants described the services they provide through their agency and explained what needs they provided to the homeless population. Out of the 20 participants, all stated that those whom they serve are in fact homeless. Each provider stated that their services were

specifically for the homeless but denied any programs specifically designed to deal with the Native Hawaiian population. One agency stated that their agency served all homeless people but the “consumer” had to come to them for help.

We don’t have anything specific for the beach dwellers, they have to come in here and ask for help. The Native Hawaiians don’t come down here in town, they mostly stay out in the country, but if they came here, we would definitely help them. (SP# 5)

Consistent with each of the emergency shelters that participated in this study, all stated that they do not offer services on the beach but explained that should any beach dweller seek services at their shelters they would be able to receive the necessary help.

The emergency shelters described the daily routine as follows.

The people get in line or come to us late in the afternoon. They wait in line for a spot. Once they get in, they have a place to sleep for the night and get cleaned up. In the morning, they have to leave the facility. (SP #10)

We try to set up all of their services very quick; we have no programming just referrals and resources. (SP #7)

People who want to get off the street come here. We can house 35 people a night. We have people who come here and just need a place for the night. We help them by finding resources if they ask us. (SP #16)

The service providers who work in the transitional shelters describe more in-depth, treatment-focused services that ultimately lead to permanent housing for the homeless consumer. A majority of the service providers explained their specific program; however, when coded, each of the transitional shelters were described in similar terms.

Our shelter can house up to 44 families at a time. Right now we have a waiting list. If you were just now putting your name on the list, you would have a very long time to wait until you can come in. The families can stay here up to 24 months, but they will get kicked out at any time for lack of participation. All parents in our shelter have to attend groups and classes and follow other rules. If they choose not to, then they are out of here. Most follow the rules because they want housing. To get in to the shelter the families get screened by our outreach workers. They see the potential clients about 3 times before they get on the wait

list. We help them with employment too. If they are a two parent family, then we help them find two jobs so when they leave here and have their own place they can afford it. (SP #2)

We are a transitional shelter, people who want to get off the beach come here. We do offer some outreach, but mostly people come here and want to stay here. You have to get on a list and be seen three times prior to being allowed to stay here. We want to make sure you want to be here. Once you are in, you have to follow the strict rules and attend mandatory classes. We will go out to where the people are staying and help them fill out the paper work to stay here. (SP #13)

We are a transitional shelter and have space for 45 families; currently we have two vacancies and we are holding those for Native Hawaiians. The reason they aren't filled yet is because they don't want to come live in a shelter. We currently have 130 kids here with their families. (SP #3)

Some of the service providers (3) stated that their services were specifically for the Native Hawaiian homeless population. Seventeen of the 20 interviewed stated that their specific programs whether emergency shelter or transitional shelter did not specialize or provide culturally specific programs for the Native Hawaiians. All stated that they would provide help for whomever sought out their facility even if it meant just getting on their wait list.

Successes and Limitations of Shelters

All of the programs in this study responded to the question regarding their perception about the success of their program with an affirmative answer. Each service provider despite their mission statement or goals of their program stated that their specific agency was successful with treatment options, employment training, and housing for up to 24 months. One transitional shelter stated:

Families can stay here for a total of 24 months, they have to follow program rules and go with the program or else move out. We do 3 month checkups with them to help them stay on the plan. For the ones that stay the entire 24 months, we have a 100% success rate of them obtaining permanent housing. (SP #4)

Responding to the question about the success of their program, one transitional shelter stated:

Yes we are successful; we always have a wait list and the people are getting help. We aren't going to solve homelessness but we are helping one at a time. (SP #2)

Yes our shelter is very successful; if they stay here long enough they will get housing. (SP #13)

The service providers described the limitations that their agencies had to deal with. All of the shelters stated that they had a sobriety component to maintain a consumer in their programs. Should a consumer relapse, they would be excused from the program. Others noted limitations based on who they serve noting that their specific agency could only help those who physically walked through the front door and requested help explaining that more could be done with the homeless population if the service providers could go out and work with people on the beach. Many of the service providers believed that funding for their program made treatment options limited for the consumer stating that many services had been cut or closed due to budget constraints or cut backs for the homeless service providers.

Outreach Services

Outreach services consisting of “meeting people where they are—geographically, philosophically, emotionally—is the essence of outreach to people experiencing homelessness. Rather than expecting people to access services on their own, outreach workers across the country take services to where people are. These outreach workers are often the first and only point of contact for people who might otherwise be disconnected” (SAMHSA, 2014). The outreach workers in this study reported that their services directly help serve the homeless population. All of the outreach service provider participants

stated that they work directly with Native Hawaiians, especially those who are beach dwellers. When asked whether they consider the beach dwellers homeless, all of the outreach workers stated that they do not.

No we use the term houseless; some might say homeless or we work with the homeless but really they are just houseless. (Outreach worker #1)

I would not say homeless; I have worked out here for 15 years and they have all kinds of homes. Maybe tent or maybe a homemade shelter, but still they have a home. (Outreach worker #2)

The outreach workers appeared eager to discuss the services that their agencies provide to the Native Hawaiian beach dwellers.

We have case workers that go out to the boat harbor and check on the people. We provided everything from first aid kits and tooth brushes to mental health screenings. The people know us and know our numbers so they call when there's a need, and we go right out there. We are not a shelter but we could refer them to a shelter but none of them want a shelter and would not go to one even if there was room. They are just people living in a little community who need help with stuff just like any other community. They are really good people out there. (Outreach worker #1)

Our agency doesn't just help the Hawaiians on the beach they also help the Hawaiians who live on the mountain, (pointing the mountain overlooking the beach). We provide the same services for both groups of Hawaiians. We take them first aid kits, help with job applications, and help them get services that they qualify for like VA stuff. Some work and they still qualify for food stamps so we help with the paperwork. We also have a computer in our office that they all can come in and use to look for jobs and fill out resumes. We even let them use our office as their mailing address so they have a residence. (Outreach worker #3)

When asked what service or services were lacking to the beach dwellers, all of the participants responded with the same answer: affordable housing.

Discussion

The results of this study provide insight into the experiences with and perceptions of the service providers who serve the Native Hawaiian beach dwellers and the homeless

population on Oahu. In general, all of the service providers were aware of the Native Hawaiian beach dwellers living on Oahu beaches. However, their knowledge regarding the needs and services required by the beach dwellers was not unanimous. The service providers were divided on their perceptions of this population. Some of the respondents referred to them as homeless while others emphatically disagreed and stated they were merely houseless or unsheltered. Through this study, it became apparent that the service provider's perceptions about the Native Hawaiian beach dwellers was contingent on what services were being offered by the specific agency. Emergency shelter home service providers reported that the limited services they provided or were able to provide based on their mission statement were successful and helped the homeless population. Likewise, the service providers working in transitional housing facilities believed that their services were successful and met the needs of the homeless population as well.

There is a very distinct difference in services based on the type of shelter. The emergency shelter home's main focus is to provide a safe place to stay for a night, compared to the focus of the transitional shelter home whose focus is to get the consumer a permanent residence after completing a series of programs which may last up to 24 months. The services offered also differed one type of shelter to another. Emergency shelters take in nightly residents while the transitional shelters admit a consumer following a period of sobriety and/or mental stability.

In contrast, outreach services as reported by the service providers provide the widest range of services for the Native Hawaiian beach dwellers. It should be noted here that throughout the research, none of the outreach service providers who work specifically with the beach dwellers referred to them as homeless; rather, 100% referred

to them as houseless or unsheltered. The perceptions of the outreach workers regarding the needs of the Native Hawaiian beach dwellers also differed from the shelter care workers. The outreach workers reported that the beach dwellers needs ranged from needing first aid treatment, consistent day care services, and toothbrushes to affordable housing. Interesting to note, those who work face-to-face with the beach dwellers in their encampments did not mention the need for substance abuse counselling or mental health counseling.

The findings in this study regarding emergency and transitional care service delivery to the homeless population was consistent with national homeless service provider's job description and mission statements. The unique finding in this study came from the outreach workers. By job description and services provided, the outreach service providers met the consumer in their own environment and provided the requested service to meet a specific need requested. As for the perceptions of these individuals who by definition as well as by other service providers would be considered homeless, the outreach workers saw them as houseless, thus avoiding the marginalization and stereotype of being homeless. Through the experience of the outreach worker, this unique population was referred to with descriptive words such as humble, kind, and good people.

Limitations

The results of this study are limited to the experiences of the participants, and of service providers employed in agencies providing services for the homeless population living on Oahu, Hawaii. Their experiences and perceptions may not be representative of all service providers working within the homeless service arena throughout the U.S, or with any other indigenous group.

Conclusion

This study reveals that there are numerous types of services and programs available to aid homeless individuals and families throughout the United States and specifically in Hawaii. The service providers from the agencies that assist the homeless report success regarding their own agency goals and mission statements, yet each of them are different and unique in their own way. In this study, service providers discussed their individual programs and how their agency could best help the homeless population. The service providers from the shelter homes explained the need for mandatory sobriety and program attendance while the outreach workers who participated in a more case-management approach explained a more hands-on assistance model of working with the clients own environment.

Interestingly, the outreach workers views and perceptions based on their experience working with the Native Hawaiian beach dwellers was of a more compassion, caring approach when compared to those service providers working within the shelter care system. This research study fills a void in the literature on homeless service providers and their perceptions of the homeless and the services they provide. The findings of this study strongly suggest that the long-term needs of the Native Hawaiian beach dwellers are best met when service providers work within the homeless individual's environment and seek to help with their identified needs and without labeling or defining the group.

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CHAPTER 5

CONCLUSION

The purpose of this research project was to examine homeless Native Hawaiian beach dwellers living on Oahu, Hawaii to see if they are a unique group within the homeless population in the United States. The research focus was to understand homelessness and explore the lives of homeless Native Hawaiian beach dwellers, as well as the perceptions of the service providers who work with them. The research project was composed of three separate manuscripts which comprise Chapters 2, 3, and 4 of this dissertation.

Organization

The first manuscript (Chapter 2) was a thorough review of homelessness in the United States. The goal was to define homelessness, examine the current demographics, and explore the intervention strategies that are in place to help and advocate for the homeless population. The second manuscript (Chapter 3) focused on Native Hawaiian beach dwellers living on the beach on the island of Oahu, Hawaii. This article examined their perceptions and self-identifications regarding the study participants' current living situations, as well as their needs for daily living. The third and final manuscript (Chapter 4) analyzed the perceptions and experiences of the service providers who work with the homeless population on Oahu. The service providers discussed their experiences working

with the homeless population and described the services which were available to assist this marginalized group.

This chapter contains summaries of the three manuscripts and describes how they are connected to each other to provide an insightful look at the social issue of homelessness. Lastly, this chapter discusses implications for social work practice, and policy, and research and suggests areas for future research.

Chapter 2 Summary

The first article reviewed the literature on homelessness in the United States, including definitions and intervention strategies. This article will be submitted to *Advances in Social Work*. This article will add to the literature on homelessness and address the gaps in the literature between causal factors and intervention strategies. Within the homeless research, there are numerous intervention strategies available to homeless individuals and families. These services are very well documented and utilized in the homeless service delivery field; however, the gap in the literature is which of the services if any are more useful and which of the causal factors, do specific strategies succeed with. This study explored the causal factors, both structural and individual factors to explore which strategy was more suited to reduce or eradicate homelessness. This study found that the housing first model of homeless service delivery had the highest rate of providing permanent housing of all of the other mentioned service options.

Chapter 3 Summary

The second article explored the perceptions and experiences of Native Hawaiian beach dwellers living on the beaches on Oahu, Hawaii. This article will be submitted to

The Journal of Sociology & Social Welfare. This study focused on the narratives of 16 Native Hawaiian beach dwellers living in an encampment known to locals as the Waianae Boat Harbor. Three themes emerged from the data: housing arrangements, a sense of community and safety, and services provided and needed. Study findings uncovered the common self-identification that despite their living accommodations these individuals did not view themselves as homeless. All of the participants stated that they felt safe in the encampment. They described a self-governing type of community leadership model. One of the greatest needs that these people identified was the need for trash removal. Fifteen of the 16 respondents stated that they were in fact not homeless. Some suggested that they consider themselves houseless due to their type of shelter but confirmed that they do have a home-- just a different home from most people in society. Through the experience and perceptions of the Native Hawaiian beach dwellers, social policy and local resources can be reevaluated to accommodate the needs of the beach dwellers without marginalizing them and placing them into a nicely packaged definition of “homeless people”.

Chapter 4 Summary

The third article explored the experiences and perceptions of service providers who work with the homeless population on the island of Oahu, Hawaii. This article will be submitted to *Families in Society: The Journal of Contemporary Social Services*. This article details the service providers’ experiences and perceptions as they work with the homeless population on Oahu. The study gathered data from 20 service providers who at the time worked in a variety of different agencies providing a wide range of services for the homeless. As the interviews were analyzed and coded, three themes emerged: types

of services provided, successes and limitations of services, and outreach services versus walk-in services. The service providers revealed that their specific services were successful in helping the homeless population. Three main intervention strategies were utilized by the service providers, specifically, emergency shelters, transitional shelters, and outreach services. Each of the service providers explained the success of their programs despite the fact that the outcomes were not the same, for example, lack of permanent housing. Those working in emergency shelters found success in providing a safe place to sleep for the night, transitional shelter service providers described success as providing permanent housing following completion of treatment programs, while outreach workers described success as meeting the daily needs and requests of the homeless individuals and working within their environment.

Social Work Practice Implications

The findings of this study can be utilized by those working within the homeless population arena whether they are policy makers or service providers as an educational tool to bring awareness of others needs specifically the needs of the Native Hawaiian beach dwellers by exploring examining their perceptions and description of their daily life experiences. As organizations develop programs to assist the homeless, they can do so with a culturally competent mind set and with the understanding that those whom they serve and work with may in fact not identify with the labels that society and the local community has placed on them. This study has the potential to change service delivery to better assist those who do not identify with being homeless yet whose housing arraignments, by definition, say otherwise. With the knowledge and understanding gained from this study, service providers can more effectively and efficiently work with this

group of people. More importantly, this study has shown that those who by definition may be homeless do not themselves identify as homeless. Therefore, the services and intervention strategies that are established to help the homeless population do not apply to them. For example, homeless shelters are ineffective with Native Hawaiian beach dwellers as they are not in need of shelter. As described by the participants of this study, they have adequate shelter, just different type of shelter than the mainstream in society. For service delivery to be effective, the service providers need to first understand what the needs, if any, are with the Native Hawaiian beach dwellers. To assume they need something based on the label or definition that has been given them from the society may in fact further exacerbate the problem and the stereotypes society holds on those whom they believe fit into the marginalized category of homeless people.

Social Work Policy Implications

The findings of this study can be used by social workers who advocate for homeless individuals and families. The United States federal government defines homelessness and has suggested ways to eliminate this social problem. However, not all people who may fall within the parameters of the national definition may be, or identify with, being homeless. The criminalization of the homeless has not been effective in the reduction or eradication of this social problem. This study advocates for policy changes regarding the marginalization of this specific group of Native Hawaiian beach dwellers, taking into consideration the cultural aspects of their living situation and making policy adjustments accordingly.

Social Work Research Implications

This study fills a void by presenting a new view of homelessness through the eyes of Native Hawaiian beach dwellers, whose perceptions and experiences have been missing in the research literature on homelessness. Further, the study adds to the homeless literature by exploring the experiences and perceptions of service providers.

Future Research

There is a need for more research with the children of Native Hawaiian beach dwellers to find out their experience and perceptions and to gain a better understanding of their needs. Similarly, research needs to be conducted at the local schools these children attend to gain their impression of the children and what, if any, needs they may have. Such studies may lead to greater awareness of the needs of the Native Hawaiian beach dwelling population and result in better service delivery for the Native Hawaiian beach dwellers living on the island of Oahu.